

# **National Initiative to Advance Health Equity in K-12 Education by Preventing Chronic Disease and Promoting Healthy Behaviors, Priority 2: Emotional Well-Being, CDC-RFA-DP22-2203**

**Year 1 Evaluation Report  
June 1, 2022 – May 31, 2023**

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This Evaluation Report highlights the National Association of Chronic Disease Directors' (NACDD) progress made on strategies, activities, performance measures, and outcomes during year 1 of the National Initiative to Advance Health Equity in K-12 Education by Preventing Chronic Disease and Promoting Healthy Behaviors, Priority 2: Emotional Well-Being.



**NATIONAL ASSOCIATION OF  
CHRONIC DISEASE DIRECTORS**

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## Table of Contents

Intended Use and Users.....	3
Program Description.....	3
Evaluation Focus.....	7
Methods.....	9
Performance Measures Results.....	12
Analysis and Interpretation Plan.....	13
Use, Dissemination, and Sharing Plan.....	18
References.....	19

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## Intended Use and Users

Evaluation is a key step in the National Association of Chronic Disease Directors' (NACDD) approach in working with partners, State Education Agencies (SEA), and Local Education Agencies (LEA). As such, evaluation findings will be disseminated annually to SEAs and LEAs participating in the Learning Collaborative Cohort (LCC), as well as colleagues within NACDD's Center for Advancing Healthy Communities, Child Trends (CT) and Mental Health America (MHA) partners, other identified strategic partners that contribute to program efforts, and CDC. As promising practices and trends related to effective professional development (PD) and technical assistance (TA) are identified, NACDD will extend dissemination of evaluation results to other programs throughout NACDD that utilize PD and TA, NACDD's broader network of 7,000+ members working in public health, as well as other states, school districts, schools and other organizations working in youth and school staff emotional well-being and mental health. Overall, evaluation results will be used to inform and improve programming, develop new tools and resources, and improve SEA, LEA, and partner constituents' capacity to effectively address emotional well-being of students and school staff from a public health perspective.

NACDD's Evaluation Plan and approach was developed by the Program Team, which includes representatives from NACDD, CT, and MHA.

## Program Description

The National Initiative to Advance Health Equity in K-12 Education by Preventing Chronic Disease and Promoting Healthy Behaviors, CDC-RFA-DP22-2203, is a five-year cooperative agreement that began on June 1, 2022 and will conclude on May 31, 2027. NACDD was funded under Priority 2: Emotional Wellbeing, which focuses on developing, implementing, and evaluating evidence-based policies, practices, and programs that support emotional well-being of students and school staff in disproportionately affected communities. To address Priority 2, NACDD is partnering with CT, MHA and other strategic partners working in the school and mental health space, to engage with SEA and LEA teams in a five-step, iterative process over the course of two school years:

- **Step 1:** Assess the needs of students, school staff, and emotional well-being supports (e.g., existing partnerships, policies, practices, and programs)
- **Step 2:** Develop an LEA-focused action plan based on assessment results to address gaps in emotional well-being supports, with a focus on the Whole School, Whole Community, Whole Child (WSCC) model, components of comprehensive school mental health, and other school priorities (e.g., district strategic plan)
- **Step 3:** Implement action plans to enhance or increase school-based social, emotional, mental and/or behavioral health supports for students and school staff with ongoing TA from the Program Team
- **Step 4:** Learn through intensive PD and TA provided by NACDD, CT, and MHA that includes a Training of Trainer (ToT) cadre, other training, and evidence-based tools and resources related to social-emotional competencies, skill development that is culturally responsive, equitable, and inclusive, and student and school staff emotional well-being and mental health. Each year, the Program Team provides PD opportunities on at least four topics and meets regularly with SEA and LEA teams separately and together to provide TA, engage in peer-to-peer learning, share successes, and navigate challenges.

- Step 5: Evaluate efforts to make course corrections and sustain action plan activities.

Each year of the cooperative agreement, NACDD identifies and engages two to four SEAs and five to eight LEAs that represent communities with evidence of health and educational disparities and priority groups including racial and ethnic minorities, students receiving free or reduced lunch, and persons with disabilities. Each cohort of SEA and LEA teams actively participate in the LCC for two school years and afterward, can continue their work with NACDD through peer-to-peer sharing and learning in NACDD’s Whole Child Community of Practice.

In addition to providing PD and TA to members of the LCC, NACDD also maintains a [web-based resource repository](#) that includes vetted resources to enhance evidence-based policies, practices, and programs that support emotional well-being of students and staff in disproportionately affected communities. NACDD disseminates these resources, as well as relevant research/data, PD opportunities, and project-related reminders to the LCC via a monthly email newsletter.

The following logic model breaks down the program’s various partners and describes key activities, outputs, and short-, intermediate- and long-term outcomes:

**Program Logic Model**

Who	Activities	Outputs	Short-term Outcomes	Intermediate-term Outcomes	Long-term Goal
<b>NACDD, Child Trends and Mental Health America</b>	Select and support 2-4 SEAs per year	MOUs with LEAs	Increased dissemination of evidence-based tools, resources, policies, practices, and programs	Increased understanding of the steps and processes SEAs, LEAs and others can take to encourage uptake of EBIs related to student and staff emotional well-being	Increased physical, mental, and behavioral health among students and school staff
	Develop MOUs with and provide mini-grants to 5-8 LEAs per year	PD and TA materials and recordings			
	Develop relationships with strategic partners and convene them regularly	PD and TA attendance records and participant survey data	Increased understanding of factors that facilitate and impede LEA adoption and implementation of evidence-based interventions (EBI) related to emotional well-being	Increased understanding of the steps and processes SEAs, LEAs and others can take to create more integrated and effective teams	
	Organize and offer PD opportunities	Smartsheet tracker			
	Organize and offer TA opportunities	Web-based resource repository			
	Create and maintain Smartsheet tracker	Email newsletters			
	Create and maintain web-based resource repository	Mission and vision statements, and evaluation strategy for ToT cadre			
	Develop and launch email campaign				

	<p>Create a Training of Trainers (ToT) cadre</p> <p>Conduct evaluation of program efforts</p>	Evaluation reports			
<b>SEA Teams</b>	<p>Select up to 2 LEAs from within state to participate in the LCC</p> <p>Identify 3-6 administrator and school staff members to participate in SEA team</p> <p>Participate in PD and TA opportunities</p> <p>Provide support to LEAs with assessment, action planning, implementation and evaluation of action plan</p> <p>Participate in Training of Trainers cadre</p> <p>Disseminate materials statewide</p>	List of SEA team members	<p>Increased dissemination of evidence-based tools, resources, policies, practices, and programs</p> <p>Increased knowledge and awareness of EBIs related to emotional well-being</p> <p>Increased communication and collaboration across stakeholders</p> <p>Increased capacity to train LEAs</p>	<p>Increased use of CDC and other evidenced-based tools and resources</p> <p>Increased adoption and implementation of evidenced-based school health policies, practices, and programs</p> <p>Increased systems and environments that support and improve the physical, mental, and emotional well-being of students and school staff</p>	Increased physical, mental, and behavioral health among students and school staff
<b>LEA Teams</b>	<p>Identify 3-6 administrator and school staff members to participate in LEA team</p> <p>Participate in PD and TA opportunities</p> <p>Complete LEA assessment</p> <p>Develop action plan informed by assessment results</p>	<p>MOU with NACDD</p> <p>List of LEA team members</p> <p>Assessment results</p> <p>Action plan</p> <p>Progress reports</p>	<p>Increased dissemination of evidence-based tools, resources, policies, practices, and programs</p> <p>Increased knowledge and awareness of EBIs related to emotional well-being</p>	<p>Increased use of CDC and other evidenced-based tools and resources</p> <p>Increased adoption and implementation of evidenced-based school health policies, practices, and programs</p>	Increased physical, mental, and behavioral health among students and school staff

	<p>Implement action plan and report on progress</p> <p>Actively review and share email campaign with school staff throughout the district</p> <p>Complete evaluation of action plan activities</p>		<p>Increased confidence in ability to identify and evaluate appropriateness of EBIs for local context</p> <p>Increased ability to promote the use of evidence-based school health strategies and guidelines</p> <p>Increased communication and collaboration across stakeholders</p> <p>Increased understanding of existing, local internal and external policies and practices affecting student and staff emotional well-being and opportunities for strengthening</p> <p>Increased assessment or evaluation of policies, practices, etc.</p>	<p>Increased systems and environments that support and improve the physical, mental, and emotional well-being of students and school staff</p>	
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Stage of Program Development

In Year 1, NACDD identified and onboarded four states (Delaware (DE), Nebraska (NE), Missouri (MO) and Washington (WA)) and six LEAs within those states (Caesar Rodney School District - DE, Christina School District - DE, Papillon LaVista Community School District - NE,

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Monett R-1 School District - MO, Neosho R-1 School District - MO and Kelso School District - WA) in the LCC. In collaboration with CT and MHA, NACDD developed the LEA Assessment and Action Plan and provided two PD opportunities for LCC members:

1. *Engaging Students in Emotional Self-Awareness*, which took place on March 28, 2023 from 1-2PM CT and had 956 registrants and 436 attendees from 48 states and 44 school districts; and
2. *States and Districts Working Together to Advance Comprehensive School Employee Wellness*, which took place on April 18, 2023 from 1-2PM CT and had 212 registrants and 99 attendees from 26 states and 12 school districts.

As noted above, there were more registrants and attendees in NACDD's first PD opportunity, as compared to the second one. NACDD hosted both PDs at the same time and engaged in similar promotional activities to encourage participation. In reflecting on the reason for the difference in engagement, NACDD posits that the second PD was applicable to a more specific audience (e.g., state agencies and school districts) as opposed to the first PD, which had many more attendees ranging from individuals (e.g., parents/caregivers) to organizations (e.g., non-profit organizations, state agencies, and school districts).

For each PD opportunity, NACDD asked LCC participants to complete pre-work (e.g., reading an article and submitting a reflection) and engage in a follow-up discussion afterward to apply their learnings.

NACDD also met with each LEA team (and their corresponding SEA team) on a monthly basis from January - May 2023 to provide 1x1 TA, brought together all SEA teams to learn about best practices in data-driven decision-making, and convened all SEA and LEA LCC members to reflect on their team infrastructure, supports for student emotional well-being, and opportunities to enhance staff well-being. Through these support mechanisms, participating LEAs completed Step 1 (Assess) and Step 2 (Action Plan), and began Step 3 (Implement) and Step 4 (Learn). They will continue Step 3 and 4, and start Step 5 during Year 2.

With regard to NACDD's dissemination activities, NACDD initiated the monthly email campaign with LCC members in January 2023 and launched its [web-based resource repository](#) in March 2023. NACDD updated the resource repository on a monthly basis since the launch to keep materials timely and up-to-date.

Partnerships have been and continue to be central to the project. In Year 1, NACDD developed relationships and worked with its contracted partners, CT and MHA, through bi-weekly meetings to discuss program and evaluation needs. Additionally, NACDD identified and met with several potential strategic partners to support additional elements of the project. These partners included Healthier Generation, Safe and Resilient Schools and Workplaces, Foundation for Social Connection and Children in Nature Network. NACDD is continuing to identify additional potential partners in Year 2 and refining a scope for working together for those that are able to support program priorities.

## Evaluation Focus

The purpose of NACDD's evaluation is to ensure that program activities and outputs are high quality and well-aligned with project goals to support the overall program's intended outcomes. Understanding the quality of outputs and completeness of activities allows the Program Team to



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identify what worked well (and should be continued), as well as what needs improvement and should be discontinued, revisited, or refined. Additionally, the evaluation focuses on the activities of SEA and LEA teams to assess the extent to which teams implement evidence-based policies, practices, and programs. Evaluation of these activities provides insight into what progress teams have made, what promising practices should be shared with other LEAs across the country, how SEAs and LEAs worked together, and opportunities to enhance support to teams to fully implement EBIs.

### Implementation Process

The implementation process occurs in four stages: Exploration, Installation, Initial Implementation, and Full Implementation [1]. It is important to understand where a project is in the process of implementation, as that informs what is feasible to assess at the stage of implementation. The stages are described below:

- Exploration: Create teams, assess needs, explore evidence, examine usability of interventions, consider implementation drivers, and assess fit and feasibility.
- Installation: Acquire resources, prepare organizations, prepare implementation drivers, select and prepare staff, and make administrative changes.
- Initial Implementation: Assess and adjust implementation drivers, manage change, assess fidelity, deploy data systems, and initiate improvement cycles.
- Full Implementation: Monitor and improve implementation drivers, achieve fidelity and outcomes, and monitor organization and system supports.

NACDD is using the above framework to guide its evaluation not only of Program Team activities, but also for SEA and LEA team activities.

### Program Team Evaluation

The Program Team completed the Exploration stage during the project proposal process. Throughout the past year, the Program Team has gone through the Installation stage and is currently in the Initial Implementation stage. The Installation stage is critical, as it lays the groundwork of pulling together teams, establishing processes, and creating norms so that the work can move forward. This evaluation will focus on the Initial Implementation stage of the Program Team. In this case, the evaluation will examine the fidelity of implementation by assessing the quality of the outputs outlined in the logic model mentioned above. In addition, the evaluation will look for evidence of continuous improvement cycles to enhance program offerings.

This evaluation also aligns with the program's logic model because in order to achieve the intended outcomes of increased dissemination of evidence-based tools and resources, increased understanding of factors that impede LEA adoption and implementation of EBIs, increased understanding of processes SEAs and LEAs take to encourage uptake of EBIs, and increased understanding of the steps and processes SEAs and LEAs take to create more integrated and effective teams, the Program Team must be fully executing high quality outputs of ensuring PD and TA opportunities are provided and are useful for SEAs and LEAs. Only when the outputs are carried out fully, are useful for SEAs and LEAs, and when the Program Team can use data to inform how to make these outputs more useful and complete, then the team will be able to achieve outcomes. The evaluation concentrates on a specific set of questions that will be most impactful for achieving outcomes:



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- What PD and TA was provided to SEAs and LEAs? What worked, for whom, and under what circumstances?
  - What changes, if any, were made to PD and TA provided to SEAs and LEAs? How were those changes selected and implemented?

The methods section below describes the specific set of data sources and measures used to answer these questions. While the evaluation plan outlines a variety of data sources, this evaluation report draws from a smaller set of data and indicators that most directly align with the evaluation focus for this stage of the project. In years 2-5 of the cooperative agreement, NACDD will move into the final stage, Full Implementation, to assess outcomes and pull in more data sources that align with that stage of implementation.

### SEA and LEA Team Evaluation

SEA and LEA teams are completing the Exploration stage and are poised to begin the Installation phase of implementation. Throughout this past year, SEA and LEA teams have established planning teams, assessed needs, explored interventions, and created action plans. Therefore, at this stage, the evaluation will focus on SEA and LEA activities as outlined in the logic model. More specifically, the evaluation will explore how SEA and LEA teams collaborated and will examine the EBIs that are included in their action plans by addressing the following evaluation questions:

- What are the experiences of LEAs and SEAs working together to support the emotional well-being of students and staff? What worked, for whom, and under what circumstances?
- How did LEAs go about identifying and implementing evidence-based interventions to equitably support the emotional well-being of students and staff? What worked, for whom, and under what circumstances?

Similar to the Program Team evaluation, the focus of this evaluation report is narrower than what is outlined in the evaluation plan, which also includes questions about outcomes from SEA and LEA initiatives. However, at this point in the implementation process, it is not feasible to assess how the EBIs affected students. Thus, the focus of this evaluation report takes several steps back to examine to what extent EBIs are included in action plans, as this is a necessary step in order to later execute effective interventions for students. Furthermore, this evaluation assesses how SEA and LEA teams collaborate since this is a necessary step to sustain effective interventions. These are critical precursors that must be in place in order to successfully move to the Installation and Initial Implementation stages.

Since the evaluation does not focus on outcomes of SEA and LEA initiatives, this evaluation targeted data sources that answer evaluation questions related to collaboration and EBIs. SEA and LEA teams extended a high level of effort to complete their needs assessment and action plans, therefore this evaluation prioritizes data from those sources as well as TA interactions.

## Methods

The tables below outline the data sources, description of sources, responsible parties, and evaluation indicators for both the Program Team and SEA and LEA teams. In year 1, the evaluation indicators are being used to establish a baseline. In years 2-5, the Program Team will use the baseline to assess progress. In addition, this section outlines how data sources will be used to answer the specific evaluation questions mentioned above. Finally, this section

provides a preview of years 2-5 and how additional data sources will be included in future evaluations to answer key evaluation questions.

### Program Team Evaluation

There are two specific questions this evaluation report focuses on for the Program Team:

1. What PD and TA was provided to SEAs and LEAs? What worked, for whom, and under what circumstances?
2. What changes, if any, were made to PD and TA provided to SEAs and LEAs? How were those changes selected and implemented?

The first question gets at fidelity, ensuring that PD and TA is being delivered and is high quality. The PD and TA tracker is being used to see the frequency of PD, TA, and resource sharing to ensure these activities are happening and to what extent. The PD and TA observations use a rubric designed by the Program Team to ensure that the goals of TA are being met. This data source will also be used to identify areas to improve. The PD surveys provide details around grantee satisfaction with the PD and provide context related to what worked and what could be improved.

The second question gets at the data sharing and continuous learning and improvement processes. For this, the evaluation draws on meeting notes with SEA and LEA teams as well as Program Team meeting notes. These data sources are used to identify examples where these continuous learning processes are integrated and examples of data sharing and data use.

### **Program Team Evaluation Data Sources**

<b>Data Sources:</b> Responsible Party. Description.	<b>Evaluation Indicators</b>
<b>PD and TA tracker:</b> <u>NACDD</u> . NACDD will use Smartsheet to track provision of PD and TA, including session attendance, evidence-based resources developed/shared, and skills taught/reinforced.	<ul style="list-style-type: none"> <li>• Number and type of PD and TA instances</li> <li>• Number of resources shared</li> </ul>
<b>TA observations:</b> <u>Child Trends</u> . Members of the evaluation committee will periodically observe PD and TA activities These observations' purpose is to assess fidelity of TA provided.	<ul style="list-style-type: none"> <li>• Average score across TA observations scorecard</li> <li>• Identify items that are quantitatively lower for improvement</li> </ul>
<b>Meeting notes with LEAs and SEAs:</b> <u>NACDD</u> . NACDD will keep notes during ongoing TA calls to document challenges and successes reported by LEAs and SEAs, TA needs, as well as specific supports provided to teams. This includes regular reviews of the LEA plans of action.	<ul style="list-style-type: none"> <li>• Qualitative: Identified LEA challenges and successes</li> </ul>
<b>Program Team meeting notes:</b> <u>NACDD</u> . Notes from meetings of NACDD, Child Trends, and MHA will be analyzed to document how information collected from LEA and SEA teams is used to inform PD and TA.	<ul style="list-style-type: none"> <li>• Qualitative: Examples of data informing TA</li> </ul>
<b>PD surveys:</b> <u>NACDD, LEAs, SEAs</u> . Participants will be asked to complete a brief online survey after each PD event. This survey will ask participants to assess any improvement in knowledge and skills as a result of the PD event as well as their satisfaction with the opportunity and ability to apply information learned.	<ul style="list-style-type: none"> <li>• Percent of cohort respondents who report that they strongly agree/agree</li> </ul>

### SEA and LEA Team Evaluation

The evaluation plan outlined three questions related to evaluating SEA and LEA teams. As mentioned in the *Evaluation Focus* section, not all the questions originally laid out in the evaluation plan are relevant to the current implementation stage of SEA and LEA teams. Therefore, this evaluation will focus on the following questions:

3. What are the experiences of LEAs and SEAs working together to support the emotional well-being of students and staff? What worked, for whom, and under what circumstances?
4. How did LEAs go about identifying and implementing evidence-based interventions to equitably support the emotional well-being of students and staff? What worked, for whom, and under what circumstances?

Question three asks about LEA and SEA collaboration. This is important because collaboration is necessary for a well-functioning team and will be critical for sustainability. To answer this question, the evaluation draws on PD and TA observations to identify examples of engagement between SEA and LEA teams, meeting notes to identify challenges or successes with collaboration, and the LEA assessment to understand their experiences with teaming practices.

Question four asks about LEAs identifying EBIs. This evaluation will examine whether EBIs are present in current plans and uncover the rationale for these EBIs. The evaluation will draw on the LEA action plans to identify examples of EBIs, and draw on the meeting notes to unpack the thought process among SEAs and LEAs.

The evaluation plan proposed a fifth question about what changes in evidence-based policies, programs, and/or practices did LEAs achieve with respect to equitable emotional well-being among students and staff. This question focuses on outcomes, and LEA and SEA teams are not at the stage of implementation to achieve outcomes. This question will be relevant in program years 2-5.

#### SEA and LEA Evaluation Data Sources

<b>Data Sources:</b> <u>Responsible Party</u> . Description.	<b>Evaluation Indicators</b>
<b>PD and TA observations:</b> <u>Child Trends</u> . Members of the evaluation committee will periodically observe PD and TA activities. The purpose of the observations is to assess how teams engage	<ul style="list-style-type: none"> <li>• Examples of SEA/LEA engagement</li> </ul>
<b>Meeting notes with LEAs and SEAs:</b> <u>NACDD</u> . NACDD will keep notes during ongoing TA calls to document challenges and successes reported by LEAs and SEAs, TA needs, as well as specific supports provided to teams. This includes regular reviews of the LEA plans of action.	<ul style="list-style-type: none"> <li>• Examples of SEA/LEA collaboration</li> <li>• Examples of thinking through EBIs</li> </ul>
<b>LEA assessments:</b> <u>NACDD, LEAs</u> . LEAs will be asked to complete an assessment to identify baseline school policies, programs and practices, and community partnerships. This assessment will inform priorities on the LEA plans of action.	<ul style="list-style-type: none"> <li>• Average scores for each domain</li> <li>• Variance for each domain</li> </ul>
<b>LEA action plans:</b> <u>NACDD, LEAs</u> . LEAs will be asked to develop an action plan after completing the assessment to identify priorities.	<ul style="list-style-type: none"> <li>• Examples of EBIs included in action plans</li> </ul>

#### Credibility

Ensuring credibility in the evaluation means ensuring credibility throughout the process of data collection, analysis, interpretation, and dissemination. Credibility involves both internal quality control processes as well as the trust of stakeholders. The evaluation is credible when the data

are valid and reviewed to ensure accuracy, and when stakeholders accept the results as believable and valid.

Throughout the analysis, quality control procedures are in place. Data are summarized by an evaluator, that process – whether coding or manual calculation – is reviewed by the evaluation task lead to ensure accuracy, and then the results are reviewed by the Project Lead and Program Team to ensure they are contextualized and consistent with the team’s understanding of SEA and LEA experiences.

Data collectors also build trust with grantees through visibility and transparency. Data collectors, whether from the Program Team or evaluators, are visible to SEA and LEA teams. Program evaluators regularly attend PD and TA calls to explain the purpose of the evaluation and to build rapport and trust with LCC participants. These are necessary steps so that participants understand the purpose of the evaluation and feel more comfortable providing feedback. Data collectors are transparent about when results are anonymous or confidential and explain how results will be presented and to whom (e.g., results presented in an aggregate form and shared with the Program Team). Throughout the project, analyses are shared with the Program Team and with SEA and LEA teams to see how the results resonate with them, and to get feedback.

## Performance Measures Results

The following table summarizes Performance Measure results for the first year of the program.

### Year 1 Performance Measures

Short-Term/Intermediate Outcomes	Performance Measure(s)	Result	Details
2. Increased use of CDC and other evidence-based tools and resources.	<b># of school health tools and resources developed</b> that promote health equity (Tier 1)	17	NACDD created 17 school health tools and resources in year 1 to include: <ul style="list-style-type: none"> <li>• LEA Assessment</li> <li>• LEA Action Plan</li> <li>• Newsletters (January – May)</li> <li>• PD/TA PowerPoint Slides</li> <li>• PD/TA Resource One-Pagers to accompany PowerPoint Slides</li> </ul>

	<p><b># of CDC-funded SEAs, districts or schools</b> using CDC and/or other evidence-based tools and resources (Tier 1)</p>	<p>10 (4 SEAs and 6 LEAs)</p>	<p>NACDD identified and onboarded 4 SEAs and 6 LEAs to participate in the Year 1 LCC. These participants included:</p> <ul style="list-style-type: none"> <li>• Delaware (DE) <ul style="list-style-type: none"> <li>○ Caesar Rodney School District</li> <li>○ Christina School District</li> </ul> </li> <li>• Nebraska (NE) <ul style="list-style-type: none"> <li>○ Papillon LaVista Community School District</li> </ul> </li> <li>• Missouri (MO) <ul style="list-style-type: none"> <li>○ Monett R-1 School District</li> <li>○ Neosho R-1 School District</li> </ul> </li> <li>• Washington (WA) <ul style="list-style-type: none"> <li>○ Kelso School District</li> </ul> </li> </ul>
	<p><b># of tools and resources developed</b> through collaborative partnerships between recipients and health, education, and other sector organizations to assess school health policies, practices, and programs (Tier 2)</p>	<p>8</p>	<p>NACDD worked with its contracted partners, Child Trends and Mental Health America, to develop the following tools and resources during Year 1:</p> <ul style="list-style-type: none"> <li>• LEA Assessment</li> <li>• LEA Action Plan</li> <li>• PD/TA PowerPoint Slides</li> <li>• PD/TA Resource One-Pagers to accompany PowerPoint Slides</li> </ul>
<p>3. Increased adoption and implementation of evidence-based school health policies, practices, and programs among CDC-funded SEAs, districts, and schools.</p>	<p><b># of CDC-funded SEAs, districts, and/or schools</b> that have developed, revised, or adopted school health policies aligned with the WSCC framework and/or implemented evidence-based practices and programs that support school health including emotional well-being and mental health for students and staff, healthy eating, and physical activity (Tier 2)</p>	<p>0</p>	<p>NACDD does not have data to report on for this Performance Measure due to the focus on program start-up and LCC onboarding in year 1. NACDD has revised its Year 2 Evaluation Plan to include monthly surveys of LEAs to regularly capture data related to this performance measure in the future.</p>

## Analysis and Interpretation Plan

This section describes how information is analyzed and interpreted, including who participates in analysis and interpretation. Program evaluation data are analyzed both quantitatively and qualitatively by NACDD’s contracted evaluators, Child Trends, and are then shared with the full Program Team and SEA and LEA teams.

### Analysis

- Quantitative and qualitative approaches are used to analyze the data. Quantitative data are analyzed descriptively, including aggregating, averaging, and calculating variances. Quantitative approaches are used to examine themes through various documents. Both quantitative and qualitative indicators are analyzed together to identify areas of strength and areas of needed improvement. The list below outlines each evaluation question and how the data points for each question are analyzed and used together to answer the question:
1. What are the experiences of LEAs and SEAs working together to support the emotional well-being of students and staff? What worked, for whom, and under what circumstances?
    - Data sources include the LEA assessment, TA observations, and meeting notes.
    - **LEA Assessment:** The LEA assessment is analyzed by calculating averages and variance for each item and domain to identify areas that need support (low averages) and areas where teams differ from each other (high variance).
      - **Highlights of Results:** There were five key themes that emerged from the LEA Assessment:
        - Although districts offer a wide range of school mental health services and conduct referrals for students, districts report wanting to expand and improve the quality of services to better meet student needs.
        - Despite offering mental health screening in most schools, districts report challenges providing timely mental health supports and screenings.
        - While core emotional well-being and mental health positions are staffed, districts report a need for more support staff and training.
        - Although districts collect numerous forms of data, they mainly use discipline data for school mental health and emotional well-being purposes.
        - While districts report successes creating their Employee Assistance Programs (EAP), they also report challenges with staff work-life balance and lack of awareness of EAPs.
    - **TA Observations:** TA observations are scored on a rubric and include notes from the observer. These data are analyzed by looking at the scores based on SEA and LEA engagement and reviewing notes for examples of positive or lack of engagement. Each item is scored on a scale of 1-5.
      - **Highlights of Results:** On the item, *SEA provided expertise*, there was an average score of 4.1 and a variance of 1.3. This indicates that across calls, SEAs generally provided expertise and support, however the variance indicates that SEAs did not consistently provide expertise or support for LEAs during calls. Notes from the rubric indicate that some SEAs actively shared and offered support while others were not as actively engaged in the discussion.
    - **Meeting Notes:** Meeting notes are analyzed qualitatively to identify examples of what is working in terms of team collaboration and themes in terms of challenges.
      - **Highlights of Results:**
        - According to meeting notes from 1x1 TA calls, one state identified a connection in the work between their two participating districts and discussed bringing health and wellness leads at each district together to foster collaboration.
        - Across 1x1 TA calls, grantees expressed challenges with capacity and resources, particularly having the availability to fully plan and carry out initiatives.



- Often, LEAs asked for examples of what other teams are doing in terms of planning and focusing their initiatives.
2. How did LEAs go about identifying and implementing evidence-based interventions to equitably support the emotional well-being of students and staff? What worked, for whom, and under what circumstances?
    - Data sources include meeting notes, action plans, and LEA needs assessment.
    - Meeting notes are qualitatively analyzed to identify themes of challenges in beginning to identify EBIs.
    - Action plans are reviewed for the purpose of identifying what interventions have been chosen and how those are intended to improve wellbeing.
  3. What PD and TA was provided to LEAs and SEAs? What worked, for whom, and under what circumstances?
    - Data sources include the PD and TA tracker, PD surveys, and TA observations.
    - **PD and TA Tracker:** The data in the PD and TA tracker is analyzed by aggregating across all instances to identify what is being provided and how frequently.
      - **Highlights of Results:** There were 66 instances of TA and four instances of PD during year 1, beginning with five in January and progressively increasing each month to 27 in May. PD and TA included a variety of methods, including email, 1x1 calls, group calls, and webinars.

**PD/TA Components (n=70)**

	Discussed Equity	Provided Guidance on Policy, Systems & Environmental Change	Highlighted Work of States/ partners	Assessed Knowledge or Skill
TA	79%	91%	56%	0%
PD	100%	100%	75%	100%

- **TA Observations:** TA observations were scored using a rubric, and the data are analyzed by calculating the average and variance across observed TA occurrences. Average summarizes the data while variance shows spread.
  - **Highlights of Results:** While not all 1x1 TA calls were scored on a TA observation rubric, there were 11 instances where TA calls were scored with the rubric. Overall, there were 12 components that the TA team strived to include in all 1x1 TA interactions, as described in the table below.

**TA Observations (n=11)**

1x1 TA Call Objectives	Average (scale 1-5)	Variance (scale 1-5)
Articulated meeting objectives	4.6	0.2
Reviewed status of the LEA action plan	5.0	0.0
Followed-up on recent professional development	4.7	0.2
Responded to LEA needs	4.5	0.5
Provided opportunity for LEA to ask questions	4.9	0.1
Cultivated relationship and trust building among NACDD, LEA and SEA	4.3	0.4
Created opportunities for all call participants to engage	4.4	0.4
Used mentoring, coaching and/or consulting strategies	4.3	0.6



Provided opportunity for SEA to share knowledge, expertise, state context, etc.	4.1	1.3
Provided tool(s), training(s), resource(s) or referral(s)	3.6	2.0
Included discussion of root causes or social determinants of health and/or health equity	3.0	1.1
Followed-up after the meeting to share notes and next steps	5.0	0.0

- PD Surveys: PD surveys were responses analyzed by calculating the percent of respondents who agreed or strongly agreed to a variety of questions.
  - Highlights of Results: Overall, survey participants responded more favorably to PD 1: Engaging Students in Emotional Self-Awareness. This was also a PD that had higher registration and attendee rates, as compared to PD 2: States and Districts Working Together to Advance Comprehensive School Employee Wellness.

**Post-PD Surveys: Percent of respondents who strongly agree or agree, by PD event and respondent group**

Survey Questions	PD 1: Engaging Students in Emotional Self-Awareness		PD 2: States and Districts Working Together to Advance Comprehensive School Employee Wellness	
	Cohort Respondents (n=6)	All Respondents (n=77)	Cohort Respondents (n=9)	All Respondents (n=21)
The content of this webinar is applicable to my job	100%	97%	67%	81%
The activities during the webinar were engaging	N/A	N/A	78%	81%
The information was presented in way I could easily understand	100%	100%	78%	90%
My understanding of the subject matter has improved as a result of having participated in this webinar	83%	94%	67%	86%
The webinar has increased my confidence that I can apply the knowledge to my job	83%	90%	56%	81%
I have identified action I will take to apply information I learned from this webinar in my work	83%	92%	56%	81%
I was satisfied with this webinar overall	100%	97%	78%	90%

4. What changes, if any, were made to PD and TA provided to LEAs and SEAs? How were those changes selected and implemented?

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- Data analyzed include Program Team meeting notes and SEA and LEA team meeting notes.
  - Program Team Meeting Notes: Program Team meeting notes are analyzed to identify instances where feedback on PD is shared and discussion around improvement in PD or next steps.
  - SEA and LEA Team Meeting Notes: SEA and LEA team meeting notes are analyzed qualitatively to identify any changes in how PD and TA is provided based on discussion of interim evaluation results shared during the meetings, and challenges presented by SEA and LEA teams.

### Interpretation

When data are summarized into memos and presentations, these are shared with relevant stakeholders, including NACDD, LCC members, and CDC. The final evaluation report will inform planning for PD and TA in year 2. Throughout the project, interim evaluation results have been shared with the Program Team as a continuous quality improvement process. This allowed Program Team members to provide feedback on results and ask questions. Aggregate findings from the LEA assessments were also shared with SEA and LEA teams so they could react to the results and provide additional context to enrich the information that was shared.

### Overall Results

In addition to the specific results highlighted above, the Program Team has summarized five key results based on the year 1 analyses and interpretation.

1. Evidence from the LEA assessments suggests that SEA and LEA teams are strong in teaming. Furthermore, TA call observations and meeting notes demonstrate that SEAs provide resources and support for LEAs to respond to their needs. However, some teams are more successful at collaborating than others. Notes and observations indicate that some SEAs are not as active in providing support to LEAs, and, according to the LEA assessment, LEAs experience challenges working with state leaders specifically on funding and sustainability of mental health training, services and supports.
2. Analysis of meeting notes indicate that SEA and LEA teams have a strong understanding of the complex challenges in their state and school districts. Additionally, the LEA assessment and associated meeting discussion notes show evidence of teams thinking through systemic strategies to address the challenges in their districts.
3. The LEA action plans vary in their comprehensiveness and inclusion of EBIs, with some grantees drawing on evidence while others listing interventions that are not as clearly linked to an evidence-based practice.
4. The results of the quantitative data suggest that PD and TA is being carried out with fidelity and is overall useful to grantees. Many quantitative benchmarks received high marks. While high-quality PD and TA activities are being carried out, there are opportunities for improvement. These opportunities include focusing more on equity in TA interactions, and ensuring PD events are actionable and applicable.
5. Program Team meeting notes reveal that there have been instances of sharing PD survey results and discussing next steps from those results, including informing future PD opportunities. Regarding TA, there is also some evidence based on SEA and LEA meeting notes and TA call observations that TA providers took new approaches to address TA needs that were discussed during 1x1 meetings. However, in other cases, the evidence is unclear of how SEA and LEA needs changed TA provision. It's possible that there are other data sources (e.g., follow-up emails between the TA provider and SEA and LEA teams) that

address the TA needs shared, or given the short window between sharing PD results and providing TA and PD, it may be that there has been insufficient time to adjust PD and TA.

## Use, Dissemination, and Sharing Plan

Throughout the project, outcome and process data have been reviewed regularly by the Program Team to guide continuous quality improvement efforts. As mentioned above, after each PD opportunity where data was collected, NACDD, CT and MHA reviewed the information collected and engaged in a discussion about the results, and how it might inform future programming. These conversations and associated decisions were documented in bi-weekly Program Team meeting notes.

Outcome data will be presented in annual evaluation reports and include program progress and activities to date. These evaluation findings will be disseminated annually to SEAs and LEAs participating in the LCC, as well as colleagues within NACDD's Center for Healthy Communities, CT and MHA partners, other identified strategic partners that are contributing to program efforts, and CDC. These findings will be shared via LCC calls, on the [program webpage](#), and in monthly newsletters.

To share the evaluation results beyond those directly engaged in the project, NACDD will collect success stories annually and share them broadly through the NACDD website and social media. Additionally, as trends and best practices in PD and TA are identified, NACDD will summarize them and share them throughout NACDD's network and partners to contribute to the field of implementation science and enhance TA approaches. Finally, NACDD will submit abstracts to conferences such as the American School Health Association, American Public Health Association, SEL Exchange, and the Annual Conference on Advancing School Mental Health to share its approach, findings and lessons learned with a broader audience working the emotional well-being space.

The table below includes specific components of the evaluation and how it will be shared with various stakeholders:

### Evaluation Dissemination Audiences and Methods

Target Audience	Dissemination Purpose	Dissemination Method	Frequency
Program Team (NACDD, Child Trends and Mental Health America)	Understanding impact and reach	Summary Reports	After each PD opportunity where data is collected
	Engaging in continuous quality improvement	Presentation of Results in Bi-Weekly Meeting	
	Planning for additional PD opportunities		
CDC	Understanding impact and reach	REDCap Submissions	Monthly
		Evaluation Reports	Annually
		Project Officer Meeting Notes	Monthly

SEA/LEA LCC Members	<p>Understanding impact and reach</p> <p>Share progress and accomplishments of LCC members</p> <p>Add context to analysis and interpretation of results</p> <p>Seeking feedback to guide program improvements and direction</p>	<p>SEA/LEA Kick-Off Calls</p> <p>LCC Program Webpage</p> <p>LCC Newsletters</p>	Annually
NACDD Network (Internal and External)	<p>Understanding impact and reach</p> <p>Informing/Contributing to the field of school health</p>	<p>Evaluation Briefs</p> <p>NACDD School Health web-based resource repository</p> <p>NACDD newsletters/social media</p>	Annually
Others working in School Health/Whole Child/Emotional Well-Being/School Mental Health	<p>Understanding impact and reach</p> <p>Informing/Contributing to the field of school health</p>	<p>Conferences</p> <p>Success Stories</p> <p>Evaluation Briefs</p>	Annually

Overall, evaluation results will be used to understand impact and reach, share successes, inform and improve programming, develop new tools and resources, improve SEA, LEA, and partner constituents' capacity to effectively address emotional well-being of students and school staff from a public health perspective, and contribute to enhancements in the field of school health, particularly as it relates to student and staff emotional well-being in the context of the whole child.

## References

[1] <https://implementation.fpg.unc.edu/wp-content/uploads/Implementation-Stages-Overview.docx-2.pdf>