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 2 Evaluation Report
June 1, 2023 – May 31, 2024

This Evaluation Report highlights the National Association of Chronic Disease Directors' (NACDD) progress made on strategies, activities, performance measures, and outcomes during Year 2 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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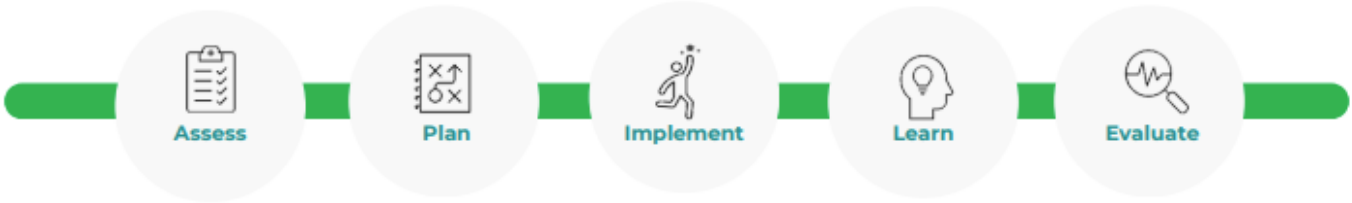
Executive Summary

This Year 2 Final Evaluation report highlights the National Association of Chronic Disease Director's (NACDD) progress made on performance measures between June 1, 2023 and May 31, 2024. 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, programs, and practices that support emotional well-being of students and staff in disproportionately affected communities. To address Priority 2, NACDD is partnering with Child Trends (CT), Mental Health America (MHA), and other strategic partners working in the school and mental health space (including other 2203 recipients), to engage with State and Local Education Agency (LEA) teams in a five-step, iterative process over the course of two school years.

Figure: NACDD's Five-Step Process



In Year 2, NACDD continued to partner with the four states and six LEAs that participated in Cohort 1, while identifying and onboarding an additional two states and four LEAs to participate as part of Cohort 2.

At the conclusion of Year 2, Cohort 1 participants reported more consistent and organized collaboration between states and LEAs. State and LEA teams reported meeting at least once a month and states also reported sharing resources with LEAs more consistently. Overall, communication between states and LEAs was also more planned/proactive and more organized after participating in the project.

In addition to enhanced relationships between states and LEAs, participants reported implementing new evidence-based policies, programs and/or practices, such as frameworks like the Whole School, Whole Community, Whole Child (WSCC) model, social-emotional learning curricula, and policies related to action planning and family/caregiver engagement. Additionally, LEAs reported that completing an assessment at the beginning of the project was a useful tool to inform action planning.

"I got a lot of ideas around infrastructure for school mental health. And that, to me, was invaluable."

While states and LEAs reported numerous successes, they reported challenges in sustaining their efforts. Specific barriers included high turnover among district leadership, needing more time for implementation, and progress being slower than expected. On the end-of-project survey that Cohort 1 participants completed, only half reported believing they had a high capacity to maintain their new practices. As such, it will be important to continue to build knowledge and skills that enable sustainability, such as grant writing and securing administrative and staff buy-in and support.

The evaluation results presented in this report will be used to understand impact and reach, share successes, inform and improve programming, develop new tools and resources, improve state, LEA, and partner constituents' capacity to effectively address emotional well-being of school students, teachers, and staff from a public health perspective, and contribute to enhancements in the field of school health.

Intended Use and Users

Evaluation is a key component in the National Association of Chronic Disease Director's (NACDD) approach in working with partners, State Education Agencies (SEA), State Health Departments (SHD), and Local Education Agencies (LEA). As such, evaluation findings will be disseminated annually to states 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 state, 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, programs, and practices that support emotional well-being of students and 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 (including other 2203 recipients), to engage with state (inclusive of SEAs and SHDs) and LEA teams in a five-step, iterative process over the course of two school years.

- **Step 1: Assess** – Assess the needs of students, school staff, and mental/behavioral health and social-emotional learning (SEL) supports (e.g., existing partnerships, policies, programs, and practices)
- **Step 2: Action Plan** – 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** – Implement the action plan to improve social-emotional and school-based mental health for students and staff, with NACDD and partners offering customized TA for effective implementation
- **Step 4: Learn** – Learn through intensive PD/TA provided by NACDD, CT, and MHA that includes a Training of Trainers (ToT) cadre, workshops, 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, NACDD provides PD opportunities on at least four topics and meets regularly with state and LEA teams separately and together to provide TA, facilitate peer-to-peer learning, share successes, and navigate challenges.
- **Step 5: Evaluate** – Evaluate efforts to make course corrections and sustain action plan activities.

Each year of the cooperative agreement, NACDD identifies and engages two to four states 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/or schools located in rural or urban settings. States are identified and selected via an annual application process that includes questions related to

existing state emotional well-being policies and programs, collaboration between SHDs and SEAs, strengths, and areas of opportunity. NACDD promotes this application to a variety of audiences, including 2302 recipients, NACDD's state health department membership, partner networks, and on social media (e.g., LinkedIn). NACDD reviews submitted applications in partnership with CT, MHA and CDC, and makes award decisions. NACDD then works with each awarded state to identify two LEAs within their state to participate in the LCC. Each cohort of state and LEA teams actively participates in the LCC for two school years and afterward, has the opportunity to continue partnering with NACDD through peer-to-peer sharing and learning via NACDD's Whole Child Community of Practice.

In addition to providing PD/TA to members of the LCC, NACDD also maintains a School Health Resource Repository that includes vetted resources to enhance evidence-based policies, programs, and practices that support emotional well-being of students and staff. NACDD disseminates these resources, as well as relevant research/data, PD opportunities, and project-related reminders to the LCC via NACDD's monthly *Whole Child Hub* newsletter.

The program logic model outlines the program's various partners and describes key activities, outputs, and short-, intermediate- and long-term outcomes. Those highlighted in green come directly from the Notice of Funding Opportunity's (NOFO) logic model.

Stage of Program Development

In Year 2, NACDD continued to partner with the four states and six LEAs that participated in Cohort 1:

- States: Delaware (DE), Nebraska (NE), Missouri (MO)*, Washington (WA)
- LEAs: Caesar Rodney School District (DE), Christina School District (DE), Papillion LaVista Community School District (NE), Monett R-1 School District (MO), Neosho R-1 School District (MO), and Kelso School District (WA).

Additionally, NACDD identified and onboarded an additional two states (California (CA) and Tennessee* (TN)) and four LEAs: Kernville United School District (CA), Breckenridge School District (MO), Richards R-V School District (MO), and Seattle Public Schools (WA), to participate in Cohort 2. NACDD will continue to support TN in recruiting at least one LEA to participate in Cohort 2 in Year 3, as they experienced challenges in LEA recruitment during Year 2 and requested additional time. This will bring the total number of Cohort 2 LEAs to five.

*Indicates 2302 recipient

Cohort 1 states and LEAs focused their efforts on Step 3: Implement, Step 4: Learn, and Step 5: Evaluate. Cohort 1 LEAs continued to implement their action plans with monthly technical assistance from NACDD, and Cohort 1 states and LEAs participated in PD provided to the entire LCC as well as completed end-of-project evaluations and sustainability planning. Cohort 2 states and LEAs focused their efforts on Step 1: Assess and Step 2: Plan, and will continue to implement Steps 3, 4, and 5 during Year 3 of the project.

Additional information of the accomplishments across the LCC for each step of the process are outlined below:

- **Step 1: Assess -** Cohort 1 LEAs continued to use LEA Assessment results from Year 1 to guide their programming in Year 2. Cohort 2 LEAs completed their LEA Assessments in spring 2024. As assessments were completed, NACDD compiled the results and hosted 1x1 TA conversations with each Cohort 2 LEA (and their respective state team) to review results and discuss potential action plan priority goals. CT compiled a summary of Cohort 2 LEA Assessment results (see here).
- **Step 2: Plan -** Cohort 1 LEAs continued to implement action plans developed during Year 1 with TA from NACDD via monthly TA calls and emails. As Cohort 2 LEAs reflected on their LEA Assessment results, NACDD worked with them to prioritize 1-3 goals for their action plans. During Year 2, Cohort 2 LEAs drafted action

plans, with feedback and supportive resources from state partners and NACDD, for implementation during the 24-25 school year (Year 3).

- **Step 3: Implement -** NACDD met with each Cohort 1 LEA team (and their corresponding state team) on a monthly or bi-monthly basis (depending on LEA preference and need) from September 2023 - May 2024 to provide 1x1 TA related to their action plan implementation. Based on their action plans, LEAs implemented programs and practices including resource mapping, climate surveys, universal SEL screening, classroom grief and calming kits, SEL curricula, and suicide prevention programming. Cohort 2 LEAs will begin action plan implementation in Year 3. To support implementation of action plans, NACDD continued to work with its contracted partners, CT and MHA, through bi-weekly meetings to discuss program and evaluation needs.
- **Step 4: Learn -** In collaboration with CT, MHA and Cohort 1 states, NACDD developed the project's *Learning Collaborative Roadmap* in October 2023, which summarized the content that would be addressed in PD/TA and dissemination activities. This roadmap served as the foundation for two intensive workshops that were provided to LCC members during Year 2.

  The *Fall PD* took place on November 15, 2023 from 11AM-3PM CT and had 93 registrants and 60 attendees. This PD focused on *Phase 1: Establishing an Infrastructure* of the roadmap and included presentations on aligning school health frameworks, establishing a diverse and inclusive team that engages youth, using data to drive decision-making, and implementing organizational supports to advance staff well-being. As part of this PD, NACDD created a new resource, "Aligning the Whole School, Whole Community, Whole Child (WSCC) Model with Comprehensive School-Based Mental Health" to support LCC participants in understanding how mental health activities fit into the larger WSCC context.

  The *Spring PD* took place on February 14, 2024 from 11AM-2PM CT and had 81 registrants and 42 attendees. This PD focused on *Phase 2: Implementation and Continuous Quality Improvement* of the roadmap and included presentations on leveraging implementation science, implementing staff well-being initiatives with a step-by-step evidenced-based approach, and centering cultural competency and authentic youth engagement in student emotional well-being efforts.

  Other learning opportunities offered during Year 2 included:

  State Leader Bi-Monthly Calls, where NACDD brought together all state teams to discuss topics including establishing a state-wide ecosystem to support student mental health (October 2023), using Medicaid for school-based health services (December 2023), and emotional well-being policy opportunities (April 2024).

  All State/LEA Quarterly Calls, where NACDD brought together all members of state and LEA teams to engage in learning and peer-to-peer sharing. Two calls occurred during Year 2, with the first call (October 2023) including time for each LEA to share the status of their action plan implementation and the second call (May 2024) focusing on a presentation from Christina School District about their Multi-Tiered Systems of Support (MTSS) implementation.

  In addition to the above PD/TA opportunities, NACDD partnered with other national organizations, including CDC, the American Academy of Pediatrics (AAP), and The Healthy Schools Campaign (HSC) on professional development to support program goals:

  - **CDC:** NACDD hosted a webinar in partnership with CDC Division of Adolescent and School Health (DASH) on April 10, 2024 on their new Mental Health Action Guide. 300 individuals registered for the event and 175 people participated.
  - **AAP:** On November 3, 2023, NACDD participated in the *AAP TEAMS Immersive Training - Strengthening School District Mental Health Systems Panel.* NACDD presented to approximately 27 individuals on aligning frameworks in support of comprehensive school mental health to support attendees in understanding how to better connect their role and day-to-day work with mental health.

- **HSC:** On December 13, 2023, HSC presented to 31 attendees on NACDD's State Leader Bi-Monthly Call on maximizing the use of Medicaid in support of school-based mental health services. Additionally, on May 22, 2024, HSC invited NACDD to present on "Partnering with Public Health and Medicaid" to 15 attendees to support continued conversation on this topic.

In between calls, NACDD continued to send its monthly email newsletter, the *Whole Child Hub,* to LCC team members to share resources related to upcoming learning opportunities provide by NACDD, partners, and other organizations, and tools used to support student and staff well-being initiatives. Additionally, NACDD updated its School Health Resource Repository to align with the *Learning Collaborative Roadmap.* This website serves as a one-stop shop for those participating in the LCC and the larger public interested in school emotional well-being policies, programs, and practices.

- **Step 5: Evaluate** - Cohort 1 states and LEAs spent April and May 2024 participating in end-of-project evaluation activities, including completing end-of-project surveys and participating in CT-led focus groups. Additionally, NACDD hosted wrap-up 1x1 TA calls with each LEA to discuss successes, lesson learned, and next steps to sustain project activities.

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 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 state and LEA teams to assess the extent to which teams implement evidence-based policies, programs, and practices. 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 states and LEAs worked together, and opportunities to enhance support to teams to fully implement evidence-based practices (EBP).

Stages of Implementation

It is important to understand where a project or innovation is in the process of implementation, as that informs what is feasible to assess and evaluate. The four stages of implementation[1] are listed and 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 state 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

for 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. In addition, the evaluation will look for evidence of continuous improvement cycles to enhance program offerings.

This evaluation aligns with the program's logic model because in order to achieve the intended outcomes of increased dissemination of evidence-based tools and resources, understanding of factors that impede LEA adoption and implementation of interventions, understanding of processes states and LEAs take to encourage uptake of interventions, and understanding of the steps and processes states and LEAs take to create more integrated and effective teams, the Program Team must be fully executing high quality outputs of ensuring PD/TA opportunities are provided and are useful for states and LEAs. Only when the outputs are carried out fully, are useful for states 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. The methods section describes, in detail, the specific set of data sources and measures used to answer these questions. In general, the evaluation draws from a smaller set of data and indicators than initially outlined in the evaluation plan, to focus in on the data and indicators that most directly align with the narrowed evaluation focus. In the later years 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.

State and LEA Team Evaluation

This year, Cohort 2 joined the LCC and Cohort 1 completed their participation in the LCC and offboarded. This evaluation covers both Cohort 1 and Cohort 2 but focuses more on Cohort 1 as there are more data sources available for this cohort (e.g., end-of-project survey and focus groups) and because these participants can speak comprehensively to the entire experience of participation in the LCC.

Throughout this past year, Cohort 1 state and LEA teams established planning teams, assessed needs, explored policies, programs and practices, created action plans, and prepared staff, teams, and implementation drivers to make administrative changes. Therefore, Cohort 1 completed the Exploration and Installation stages and were in the Initial Implementation stage at the time of offboarding (May 2024). Thus, the evaluation focuses on state and LEA activities as outlined in the logic model, including how state and LEA teams collaborated, how LEAs implemented policies, programs and practices, if those led to any changes, and what TA worked well under what circumstances. While it is still early in the implementation to assess changes to students and staff, we assess if teams have processes in place to be able to make determinations about student and staff outcomes. Furthermore, the evaluation assesses how state and LEA teams collaborate and their capacity to sustain the intervention. These are critical pillars that must be in place to successfully move to the Full Implementation stage.

Methods

NACDD's evaluation questions are modeled from CDC's evaluation questions outlined in the NOFO. While the CDC questions are broader, NACDD's evaluation questions build upon the same concepts and dive more into the experiences of states and LEAs in implementing strategies to support emotional well-being among students and staff. The table below describes how NACDD and CDC evaluation questions align:

Table 1: NACDD and CDC Evaluation Question Alignment

NACDD	CDC	Explanation

1.What PD/TA was provided to states and LEAs? What worked, for whom, and under what circumstances? 2. What changes, if any, were made to PD/TA provided to states and LEAs? How were those changes selected and implemented?	• "To what extent has PD been developed and delivered to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents?" • "To what extent has TA been delivered to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents?"	Both sets of questions focus on how PD and TA are developed and delivered, and their effectiveness. They aim to understand what worked, for whom, and in what situations to support emotional well-being. The NACDD question specifically explores how PD/TA efforts evolve and what influenced these changes, similar to the CDC's broader focus on PD/TA implementation.
3. What are the experiences of states and LEAs working together to support the emotional well-being of students and staff? What worked, for whom, and under what circumstances?	• "To what extent have partnerships been developed and leveraged to support the use of evidence-based tools and resources?"	Both NACDD and CDC focus on how collaborations (LEAs and states for NACDD; SEAs, districts, and organizations for CDC) work to implement initiatives supporting emotional well-being. They aim to evaluate what worked, for whom, and in what situations, to assess the success and adaptability of these initiatives.
4. How did LEAs go about identifying and implementing policies, programs and practices to equitably support the emotional well-being of students and staff? What worked, for whom, and under what circumstances?	• "To what extent have evidence-based tools and resources been disseminated to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents?" • "To what extent have evidence-based tools and resources been used and implemented by CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents?"	Both sets of questions emphasize the process of identifying, disseminating, and implementing evidence-based tools, programs, and other resources that support emotional well-being. They also consider the effectiveness and equity of these interventions.
5. What changes in evidence-based policies, programs, and/or practices did LEAs achieve with respect to equitable emotional well-being among students and staff? How did these initiatives improve health equity? How did they increase access to and/or benefit groups that have been marginalized?	• "To what extent have evidence-based school health policies, practices, and programs been adopted and implemented at the state, district, school, or organizational level? What factors have supported or hindered adoption and implementation?" • "To what extent have CDC-funded SEAs, districts, and schools expanded school-based mental health and health services?"	Both NACDD and CDC seek to understand policy, program, and practice changes, and factors contributing to successful adoption. NACDD's questions also focus on how these policies, programs, and practices promote health equity and benefit marginalized groups.

The remaining tables in this section outline the data sources, description of sources, responsible parties, and evaluation indicators for both the Program Team and state and LEA teams.

Program Team Evaluation

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

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

The first question looks at fidelity, ensuring that the PD/TA that was identified 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. *TA Observations* use a rubric designed by the Program Team to ensure that the goals of the TA are being met and to identify areas where TA could be improved. The *PD Surveys* provide details around grantee satisfaction with the PD and provide context around what worked and what could be improved.

In Year 2, two new data sources were used to collect data from Cohort 1: The *End-of-Project (EoP) Survey* was completed by states and LEAs, and the data provide details on grantee satisfaction with PD/TA activities. Additionally, *Focus Groups* were conducted among two states and five LEAs, and states were spoken to separately so that LEAs would feel comfortable speaking openly. Focus groups provided insight on LEA experiences and satisfaction with PD/TA activities.

The second question examines the data sharing and continuous improvement processes. For this, the evaluation draws on *Program Team Meeting Notes* and *Focus Groups*. These data sources are used to identify examples where these continuous improvement processes are integrated and examples of data sharing and data use. Focus group data was analyzed to identify instances where PD/TA activities were changed or tailored based on Cohort 1 state and LEA needs.

Table 2: Program Team Evaluation Data Sources

Data Sources: Responsible Party. Description.	Evaluation Indicators
PD and TA Tracker: NACDD. NACDD will use Smartsheet to track provision of PD/TA, including session attendance, evidence-based resources developed/shared, and skills taught/reinforced.	Number and type of PD and TA instances Number of resources shared
TA Observations: Child Trends. Members of the evaluation committee will periodically observe TA activities. The purpose of these observations is to assess fidelity of TA provided.	Average score across TA observations scorecard
Program Team Meeting Notes: NACDD. Notes from meetings of NACDD, Child Trends, and MHA will be analyzed to document how information collected from state and LEA teams is used to inform PD/TA.	Qualitative: Examples of data informing TA
PD Surveys: NACDD, States, LEAs. 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.	Average scores for each item

End-of-Project (EoP) Survey: NACDD, States, LEAs. Cohort 1 members will be asked to complete a brief online survey at the conclusion of the program. 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.	Percentages of respondents who selected each response option. Comparing pre- and post- responses to analyze differences Qualitative: Key themes in open-ended responses
State and LEA Focus Groups: Child Trends. Members of the evaluation committee will conduct focus groups with states and LEAs to learn about their efforts and their experiences with PD/TA.	Qualitative: Identifying key themes that emerged among Cohort 1 states and LEAs

State and LEA Team Evaluation

The evaluation plan outlined three questions related to evaluating state and LEA teams:

3. What are the experiences of states and LEAs 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 policies, programs and practices to equitably support the emotional well-being of students and staff? What worked, for whom, and under what circumstances?
5. What changes in evidence-based policies, programs, and/or practices did LEAs achieve with respect to equitable emotional well-being among students and staff? How did these initiatives improve health equity? How did they increase access to and/or benefit groups that have been marginalized?

Question three asks about State and LEA 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 *TA Observations* to identify examples of engagement between state and LEA teams. Additionally, the *EoP Survey* included a retrospective pre- and post- approach[2]; states and LEAs provided details on their collaboration at the time of the survey and prior to joining the LCC. This provides insight into how the collaboration between states and LEAs changed for Cohort 1 over the course of the project. Finally, *Focus Groups* provide insight into how states and LEAs collaborated during the project.

Question four asks about LEAs identifying policies, programs and practices. This evaluation will examine whether evidenced-based policies, programs and practices are present in current action plans and uncover the rationale for these efforts. The evaluation will draw on the *LEA Action Plans*, *EoP Survey*, and *Focus Groups* to identify how and why interventions were selected and what evidence-based tools and resources were used. The EoP Survey and focus groups also provide insight on how participants navigated implementation and challenges. Finally, the *LEA Assessment* provides data on Cohort 2 LEAs' areas of strengths and weaknesses. In Year 3, the evaluation will analyze how LEA assessments inform Cohort 2 LEAs' implementation of policies, programs and practices.

Question five asks about what changes in evidence-based policies, programs, and/or practices LEAs achieved with respect to equitable emotional well-being among students and staff. This question focuses on outcomes of policies, programs and practices. As noted, at the current implementation stage, it may be early to make claims about student outcomes. However, we will evaluate the initial outcomes of implemented interventions and to what extent there are processes in place to be able to assess student and staff outcomes based on the EoP Survey and focus groups. These data sources will also be used to evaluate the sustainability of implemented interventions.

Table 3: State and LEA Team Evaluation Data Sources

Data Sources: Responsible Party. Description.	Evaluation Indicators

TA Observations: Child Trends. Members of the evaluation committee will periodically observe TA activities. The purpose of the observations is to assess how teams engage.	Examples of State/LEA engagement
Meeting notes with States and LEAs: NACDD. NACDD will keep notes during ongoing TA calls to document challenges and successes reported by states and LEAs, TA needs, as well as specific supports provided to teams. This includes regular reviews of the LEA action plans.	Examples of State/LEA collaboration Examples of thinking through interventions and use of evidence-based tools and resources
LEA Assessments: NACDD, LEAs. 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.	Average scores for each domain Variance for each domain
LEA Action Plans. NACDD, LEAs. LEAs will be asked to develop an action plan after completing the assessment to identify priorities.	Examples of evidence-based tools and resources included in action plans
End-of-Project (EoP) Survey: NACDD, LEAs, SEAs. Cohort 1 members will be asked to complete a survey at the conclusion of the program. 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.	Percentages of respondents who selected each response option Changes in pre- and post- responses Qualitative analysis of open-ended responses to identify trends
State and LEA Focus Groups: Child Trends. Members of the evaluation committee will conduct annual focus groups with states and LEAs to learn about their efforts and their experiences with PD/TA.	Qualitative: Identifying key themes that emerged among Cohort 1 states and LEAS

Performance Measures Evaluation

The Program Team regularly tracks the following Performance Measures to ensure that the project is meeting the goals of the cooperative agreement:

- **# of school health tools and resources developed** that promote health equity (Tier 1)
- **# of CDC-funded SEAs, districts or schools** using CDC and/or other evidence-based tools and resources (Tier 1)
- **# of tools and resources developed** through collaborative partnerships between recipients and health, education, and other sector organizations to assess school health policies, practices, and programs (Tier 2)
- **# of CDC-funded SEAs, districts, and/or schools** 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)

The evaluation draws on the *PD and TA Tracker* to identify tools and resources that were developed through collaborative partnerships and to promote health equity, and the *EoP Survey*, *Focus Groups*, *LEA Action Plans* and the *LEA Pulse Survey* to identify the number of interventions implemented as well as examples of implementation.

Table 4: Year 2 Performance Measures Data Sources

Data Sources: Responsible Party. Description.	Evaluation Indicators
PD and TA Tracker: NACDD. NACDD will use Smartsheet to track provision of PD/TA, including session attendance, evidence-based resources developed/shared, and skills taught/reinforced.	Number of tools and resources developed
End-of-Project (EoP) Survey: NACDD, LEAs, SEAs. Cohort 1 members will be asked to complete a survey at the conclusion of the program. 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.	Number of interventions implemented Examples of interventions implemented
State and LEA Focus Groups: Child Trends. Members of the evaluation committee will conduct annual focus groups with states and LEAs to learn about their efforts and their experiences with PD/TA.	
LEA Pulse Surveys: NACDD, LEAs. LEA teams will complete a brief "pulse" survey prior to monthly TA calls to assess their needs and successes since the prior call. This survey will also gauge the extent to which they have developed, revised, or adopted school health policies aligned with the WSCC framework and/or implemented evidence-based practices and programs.	

Credibility

Ensuring credibility in the evaluation means ensuring credibility throughout the processes of data collection, analysis, interpretation, and dissemination. A rigorously designed evaluation is necessary to ensure accuracy and that stakeholders can trust that findings are accurate. Credibility involves both internal quality control processes as well. 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 Child Trends, NACDD's contracted evaluator, and that process – whether coding or manual calculation – is reviewed by the CT Task Lead to ensure accuracy, and then the results are reviewed by NACDD's Project Lead and the Program Team to ensure they are contextualized and consistent with the team's understanding of state and LEA experiences.

Additionally, to ensure credibility, data sources with low response rates among LCC participants were excluded from this evaluation. A low response rate limits our ability to draw conclusions about PD/TA activities because we are unable to assume that data reflects the experiences of all LCC members. As a result, this evaluation is not drawing conclusions from the Fall PD survey, the State Leader Bi-Monthly Call surveys, and All State/LEA Quarterly Call from October 2023.

Data collectors also build trust with LCC participants through visibility and transparency. Data collectors, whether from the Program Team or CT are visible to state and LEA teams. Program evaluators regularly attend PD/TA to explain the purpose of the evaluation and to build rapport and trust with states and LEAs. These are necessary steps so that the LCC 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 aggregate and shared with the Program Team). Throughout the project, analyses are shared with the Program Team and with state and LEA teams to see how the results resonate with them, and to get feedback. Finally, during focus groups, participants were asked to provide feedback on evaluation activities to inform future evaluation activities.

Analysis and Interpretation Plan

This section describes how information is analyzed and interpreted. CT analyzes program evaluation data quantitatively and qualitatively, and shares results with the Program Team, and state and LEA teams. Because there were two cohorts that participated in the LCC during Year 2 and some data sources only apply to Cohort 1 (e.g., EoP Survey), this report specifies which data sources apply to which cohort .

Analysis

Quantitative and qualitative approaches are used to analyze the data. The list below outlines each evaluation question and how the data points for each question are analyzed to answer the question:

1. What are the experiences of states and LEAs working together to support the emotional well-being of students and staff? What worked, for whom, and under what circumstances?

Data sources: EoP Survey, Focus Groups, and TA Observations

The EoP Survey is a comprehensive survey of participants' experience during the LCC. The survey was analyzed by calculating the percentages of respondents who selected the top two response options for most items. Open-ended questions were qualitatively analyzed for trends on the collaboration of states and LEAs. Finally, the EoP Survey used a retrospective pre- and post-design, allowing this evaluation to understand how collaboration between states and LEAs changed during their time in the LCC.

At the conclusion of the project, LCC participants reported more consistent and organized collaboration between states and LEAs. State and LEA teams reported meeting at least once a month at a higher rate as a result of participating in the LCC. In open-ended responses, LEAs cited a lack of established/regular meetings as a top barrier for meeting with states prior to joining the LCC. States also reported sharing resources with LEAs more consistently. Communication between states and LEAs was also more planned/ proactive and more organized after participating in the project (see Table 5).

Table 5: EoP Survey Results – States and LEAs Working Together (n=13)

Survey Question. *Response option.*	**% LEA (n=8)**		**% State (n=5)**	
	Pre	**Post**	**Pre**	**Post**
How often do your state and LEA representatives participate in joint meetings or planning sessions? *At least once a month.*	50%	75%	40%	60%
How often does your LEA receive best practices and resources from the state? *At least once a month.*	88%	88%	60%	80%
How would you describe the communication between your state and LEA on educational initiatives? *Planned or Proactive.*	38%	75%	40%	80%
How well-coordinated are efforts between your state and LEA to address student needs? *Organized or Aligned.*	50%	63%	20%	40%

Focus Groups are semi-structured and were conducted with two states and five LEAs in Cohort 1. The evaluation team conducted a total of six focus groups, which included two focus groups comprised of states and three focus groups with LEAs. Focus group facilitators developed a rapid response template to organize findings and to identify themes of collaboration among states and LEAs.

Findings include strong commitment among LCC participants to supporting the emotional well-being of students and staff. LEAs were committed to making improvements in their districts, and states wanted to be helpful for LEAs. Many LEAs described their states as engaged and supportive. For example, LEAs recalled receiving resources from their states. However, one LEA noted that resources from states could be more targeted to

specific needs. Overall, LEAs noted that the frequency of meetings had improved. One state reported challenges in supporting LEAs, stating that their internal team structure was not developed enough to meaningfully support LEAs. In some cases, while states could speak to specific activities, they struggled with understanding and articulating their role in terms of working with LEAs as part of this project.

TA Observations are scored on a rubric and include notes from the observer. Ten TA observations occurred during Year 2, and only grantees in Cohort 1 were observed. TA observation data are analyzed by looking at the scores and notes for each field. Each field is classified by Needs Improvement (1), Meets Expectations (2), or Exceeds Expectations (3).

On the item "Collaborative relationships between all parties are fostered and supported," there was an average score of 2.8 among all grantees. This indicates that across calls, states and LEAs developed and strengthened collaborative relationships, provided expertise and support, and actively shared resources.

2. How did LEAs go about identifying and implementing evidence-based policies, programs and practices to equitably support the emotional well-being of students and staff? What worked or didn't work, for whom, and under what circumstances?

Data sources: Focus Groups, EoP Survey, and LEA Actions Plans and Assessments

Focus Groups included questions on how policies, programs and practices were selected and those that were implemented. LEA team members described the LEA SHAPE assessment as a useful tool to identify areas to work on. The SHAPE assessment is an evidence-based tool. One LEA recalled that the LEA assessment confirmed that they needed to work on data use, and they valued having that confirmation. LEAs reported encountering challenges as they implemented their programs, such as one LEA reporting that progress was slower than anticipated, and another LEA discussed challenges related to their political environment. They reported that SEL carried a "stigma" that they had to overcome by reframing the intervention around future employability and the value of SEL skills in the workforce. Another LEA reported that their progress was limited due to turnover in district leadership and a lack of resources.

The EoP Survey included open-ended questions asking LEAs to describe which policies, programs and practices they implemented and what challenges they encountered during implementation. These open-ended responses were qualitatively analyzed inductively. Child Trends assigned each open-ended response a theme and then examined if any common themes emerged. Three respondents reported implementing policies, programs and practices around frameworks (e.g., WSCC, MTSS) and SEL. Additionally, two respondents implemented policies related to action planning and family/caregiver engagement. LEAs also reported the following challenges while implementing their selected interventions:

- Establishing buy-in among the district's staff,
- Coordinating efforts across multiple schools in a district, and
- Identifying an intervention that would meet a diverse set of needs.

Action Plans and LEA Assessments were reviewed together to understand if and how assessing the needs of the LEA informed the interventions proposed in the action plans. The action plans are documents where teams describe their goals, steps, and benchmarks. The LEA assessment is a comprehensive needs assessment that is organized into domains and provides a score for each domain. Based on the review of documents, each LEA connected the goals in the action plan to the needs from the assessment.

3. What changes in evidence-based policies, programs, and/or practices did LEAs achieve with respect to equitable emotional well-being among students and staff? How did these initiatives improve health equity? How did they increase access to and/or benefit groups that have been marginalized?

Data sources: EoP Survey and Focus Groups.

The EoP Survey collected data from LEAs on the extent and success of their implementation. Data was also collected on the sustainability of implemented EBPs. Most LEAs have implemented EBPs. At least one respondent from five of the six LEAs in Cohort 1 reported implementing a new EBP to support student and staff emotional well-being since the project began. Nonetheless, these five LEAs also reported doing so before joining the cohort. Seventy-five percent of LEA respondents reported that they were on track to achieve or exceed the goals included in their action plans. Sixty-three percent of LEA respondents reported significant implementation of EBPs to address the social-emotional well-being of students across diverse backgrounds.

The Focus Groups included discussions of changes that occurred in LEAs as a result of implementing policies, programs and practices. Below we describe two examples:

- After implementing an SEL curriculum in their district, one LEA noticed increased buy-in and adoption of SEL practices among their staff. Six weeks of detailed data was collected while the intervention was implemented into the district's middle school, and the LEA found that students were "more regulated and ready to learn" in class after implementing the SEL curriculum and practices. Due to this success, the district superintendent sees the "value" of SEL in their schools despite SEL carrying a political "stigma."
- Another LEA created additional action items after implementing resource mapping. Through the process of resource mapping, the LEA learned more about the services offered in each school; as a result, the LEA realized they needed to update their Memorandum of Understanding (MOU) process to ensure all services possess the necessary insurance. This was an important process-related change to ensure compliance and sustainability of services.

Focus groups also provided insight on the sustainability of implemented EBPs. LEAs expressed optimism that EBPs could be sustained. However, only one LEA described actions they were taking to sustain their EBPs: This LEA was writing a proposal to district leadership describing the value of implemented EBPs, to ensure they would be sustained moving forward. LEAs reported barriers to sustaining interventions, such as staff turnover, district leadership changes, and limited funding. One LEA recommended offering more TA to LEAs on identifying and writing grants. Recommendations to address these findings include providing concrete strategies for how LEAs can overcome barriers and sustain their activities.

Finally, during focus groups, grantees also recalled discussing health equity, inclusion, and the social determinants of health when developing their action plans and interventions. For example, one grantee explained that they discussed the structural reasons employees leave their jobs as they created an action plan focused on staff wellbeing. Another grantee explained that TA emphasized the importance of inclusion and involving everyone in their work. However, grantees also explained that health equity was not an explicit focus of TA calls once action plans were developed. One grantee shared that they would have preferred more intensive TA on ensuring equitable outcomes, including disaggregating data to examine which groups are or are not benefitting from an intervention. Recommendations to address these findings include being more explicit and intentional about health equity in all aspects of project planning, delivery and evaluation. For example, including discussions of equity in relation to action plan implementation in TA meetings and ensuring the evidence-based tools and resources that are disseminated address equity and inclusion are two opportunities to address health equity in a more consistent way.

4. What PD and TA was provided to LEAs and SEAs? What worked, for whom, and under what circumstances?

Data sources: PD and TA Tracker, PD surveys, TA Observations, Focus Groups, and EoP Survey

The PD and TA tracker was analyzed by aggregating across all instances to identify what was being provided and how frequently. There were 139 instances of TA and eighteen instances of PD during Year 2, beginning with four instances of TA in July 2023 and progressively increasing each month to 19 TA instances in May 2024. This is an

increase from Year 1, when 66 instances of TA and four instances of PD occurred in total. Equity was discussed in the majority of PD and TA instances, as noted in the table below. Instances were included if the term health equity was discussed, the topic focused on addressing health disparities, or the topic spoke to diversity, inclusion, belonging, and accessibility as mechanisms to reduce bias, support shared decision making, and ensure interventions improve health for underrepresented or marginalized populations. Examples of health equity topics that were a part of Year 2 PD and TA included establishing a diverse, inclusive, and representative team; using continuous quality improvement approaches to ensure policies, programs, and practices are positively impacting all students; disaggregating data to understand how various populations are being impacted by health-related issues; implementing culturally responsive approaches to student emotional well-being; and authentically engaging youth as a way to center community voice. Modalities for PD included group calls and webinars, whereas modalities for TA activities included email, one-on-one calls and group calls (see Table 6).

Table 6: Summary of PD and TA Instances (n=139)

	Discussed Equity	Provided Guidance on Policy, Systems, and Environmental Change?	Highlighted Work of States/LEAs?	# of resources shared*	Total Instances
TA	81%	87%	74%	254	139
PD	100%	100%	78%	273	18

*Shared multiple resources per TA or PD instance

The End of Project Survey examined how helpful individual participants found each PD/TA activity by calculating the percentage of respondents who categorized each activity as extremely or very helpful. Additionally, the survey analyzed if interventions could be sustained by LEAs by calculating the percentage of LEAs claiming to have a high or very high capacity to sustain their changes.

Individuals from LEAs found the one-on-one TA calls to be the most helpful and the PD sessions to be the least helpful. On the other hand, individuals from states found the one-on-one TA calls and PD sessions to be the most helpful activities (see Table 7).

Table 7: EoP Survey – Percent of Respondents Who Found Each PD/TA Activity "Very" or "Extremely" Helpful (n=11)

PD/TA Activity	% (LEAs)	% (States)
1x1 Calls	75%	80%
Professional Development Sessions (e.g., Webinars, Fall/Spring PD Events)	50%	80%
All State (SEA)/LEA Quarterly Calls	63%	60%

TA observations were scored using a rubric, and the data were analyzed by calculating the average across observed TA occurrences (see Table 8). Each field is classified as Needs Improvement (1), Meets Expectations (2), or Exceeds Expectations (3).

Table 8: Summary of TA Observations (n=10)

TA Objectives	Average (Scale 1-3)
Necessary logistical information is known by all parties before, during, and after a call.	3
LEA needs are known and elicited throughout the entirety of the call.	2.9
Collaborative relationships between all parties are fostered and supported.	2.8
Knowledge and resources are transferred to meet LEA needs.	2.8
LEAs engage in discussion or thinking through health equity.	1.7

Focus Group notes were qualitatively analyzed using the rapid response template to identify themes regarding which PD/TA activities worked for grantees and which activities could be improved.

Key themes on what PD/TA activities worked well for Cohort 1 grantees, include monthly TA calls as one of the most helpful PD/TA activities. The monthly calls created a sense of accountability within participants, motivating them to continue making progress. Additionally, participants enjoyed working with the TA provider. They praised the provider as helpful, flexible, supportive, and motivating. Participants also recalled receiving resources and support tailored to their needs. Action plans were also helpful because LEAs revisited this document during implementation to monitor their progress.

Peer learning opportunities were also one of the most helpful PD/TA activities. Participants valued being able to hear about the experiences and practices of other LEAs. For example, after a LEA discussed their experience using self-regulation bikes during a PD session, another LEA was inspired by this idea and successfully applied for a grant to attain bikes for their schools.

While LEAs did not always find PD sessions to be very helpful, explaining that the content of the sessions was too introductory, they acknowledged that LEAs who are new to the content areas could learn from PD sessions. Non-LCC LEAs participated in PD as well, as PD was open beyond LCC participants and states included information about PD sessions in newsletters and other outreach materials.

The PD survey was analyzed by calculating the average for each item. Participants responded to each question through a Likert scale where one (1) indicates the lowest level of agreement and five (5) indicates the highest level of agreement. Participants were overwhelmingly satisfied with two sessions from the Spring PD (see Table 9).

Table 9: Summary of Spring PD Surveys

Survey Question	*An Evidence-Informed Step-by-Step Approach to Implementing Staff Well-Being Initiatives*	*Centering Cultural Competency and Authentic Youth Engagement to Support Student Emotional Well-Being*
The content of the session was relevant to my role in promoting mental and emotional well-being for students/staff.	4.6	4.5
The activities during the webinar were engaging.	4.6	4.5
The information was presented in ways I could clearly understand	4.7	4.8
My understanding of the subject matter has improved as a result of participating in the session.	4.6	4.3
The session has increased my confidence that I can apply the knowledge to my job.	4.4	4.4
I have identified action I will take to apply information I learned from this session in my work.	4.4	4.0
I was satisfied with this session overall.	4.7	4.7

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

Data sources: Program Team Meeting Notes and Focus Groups

Program Team Meeting Notes were analyzed to identify instances where feedback on PD and TA was shared and discussion around improvement or next steps. Based on the notes, changes to PD/TA included shortening monthly TA calls, consolidating PD events into mini conferences, and piloting new approaches to evaluation survey dissemination. The notes also show there were scheduled times for sharing feedback.

Focus Groups revealed how PD/TA activities changed throughout the Cohort 1 LCC experience. LEAs reported that TA calls were always very flexible and individualized. As noted above, one state reported being unable to meet the needs of their LEA due to their internal team structure. As a result, intensive and individualized TA was provided to this state to improve their team structure. The TA provider attended the state's internal team meetings and supported the state in creating a teaming agreement. The state found this individualized TA helpful, and the state is now meeting internally and feels equipped to support other LEAs.

Interpretation

When data are summarized into memos and presentations, these are shared with relevant stakeholders, including NACDD, LCC members, and CDC. This Final Evaluation Report will inform planning for PD and TA in Year 3. Throughout the project, interim evaluation results have been shared with the Program Team as a continuous quality improvement process. This allowed the Program Team members to provide feedback on results and ask questions. Findings from the LEA assessments were also shared with state and LEA teams so they could react to the results and provide additional context to enrich the information shared.

Below we first discuss findings pertaining to the evaluation of the Program Team. We then present findings on the state and LEA teams. We also discuss how these findings can inform TA in Year 3 and beyond.

Program Team Evaluation

- While data suggest that PD and TA are being conducted with fidelity and are overall useful to grantees, LEAs identified monthly TA calls as the most helpful activity. Specifically, LEA cited accountability to making progress, building relationships with states, and receiving tailored resources and guidance as reasons why they benefited from the monthly TA calls. Furthermore, LEAs overwhelmingly praised the TA provider as flexible and adaptive to their needs. Recommendations to support these results include continuing to host monthly check-in calls with LEA and state teams while remaining flexible and targeted in TA provision.
- Although participants responded positively to PD sessions, they acknowledged that these sessions were either too introductory or not targeted enough to their action plans and were better suited for districts beginning to address student and staff emotional wellbeing. Nonetheless, SEAs invited districts outside of the LCC to these sessions who could benefit from more introductory or general content. Due to grantee feedback regarding PD, Year 3 of the project should consider allocating more time and resources to TA calls rather than PD sessions. Alternatively, in Year 3, PD sessions could include more advanced content so that grantees learn new information or practices.
- One aspect of PD events that LEAs valued was the opportunity to learn from other school districts. LEAs reported borrowing practices they discovered during PD sessions. One LEA also shared that it would be helpful to think through challenges together on PD calls. In Year 3 of the project, PD/TA activities should seek opportunities to embed peer learning activities. Since the LEA assessment revealed distinct areas of strength among Cohort 2 LEAs, there is an opportunity to embed peer learning into Year 3 of the project in a matter that aligns with the unique needs of LEAs.
- States and LEAs noted that health equity was not always an explicit focus of PD/TA activities. While topics of equity were covered in PD and TA sessions, particularly in the design of the action plan, LEAs reported mixed results about the presence of health equity concepts. Some LEAs reported being unclear about the role of equity in the initiatives, while some expressed wanting more depth and specificity about applying health equity concepts. In Year 3 of the project, TA should consider having LEAs periodically revisit how their identified interventions impact health equity, so that grantees focus on health equity throughout their participation in the project.

State and LEA Team Evaluation

- States and LEAs are collaborating consistently and deliberately during the project. The EoP Survey results suggest that collaboration between Cohort 1 states and LEAs has become stronger over the course of the project. States and LEAs report meeting more regularly, sharing resources, and having more proactive communication at the conclusion of the program. Moreover, TA call observations and focus group findings demonstrate that states provide targeted resources and support for LEAs to respond to their needs in both cohorts. However, some teams are more successful at collaborating than others. Observations and EoP Survey findings indicate that some states are not as active in providing support to LEAs. The focus group findings also suggest that some states do not enter the LCC prepared to support LEAs. One recommendation to address these findings includes establishing and communicating explicit expectations to states on their level of involvement. This will ensure that states know they are expected to be actively engaged in monthly TA calls and support LEAS throughout the project, laying the relationship foundation to sustain partnership beyond the project.
- Most grantees have implemented new interventions during the project. LEAs cited the LEA assessments as a useful tool to inform action planning. And LEAs have made progress on their initiatives, many on-track to implement their action plans. LEAs have implemented processes to track the impact of interventions on student and staff emotional well-being outcomes. However, some LEAs reported barriers in achieving all goals proposed in their action plans, such as high turnover among district leadership, having less time than anticipated, and progress being slower than expected. Recommendations to address this finding include explicit discussions on how to sustain change through turnover and working with LEAs to proactively revise timelines based on changes or implementation challenges.
- LEAs may experience challenges in sustaining their interventions. Although LEAs express optimism about sustaining their interventions, data from the EoP Surveys suggests that only half of Cohort 1 LEAs believe they have a high capacity to maintain their new practices. A lack of funding and changes in district leadership may limit the sustainability of an LEA's work. It will be important for TA to promote sustainability in future cohorts. PD and TA could focus on building skills that enable sustainability, such as grant writing.

Use, Dissemination, and Sharing Plan

In Year 2, NACDD increased its efforts related to dissemination by promoting the project and its successes via the *Impact Brief*, NACDD's monthly newsletter, submission of abstracts to the American School Health Association Conference, American Public Health Association Conference, and the Annual Conference on School Mental Health, as well as publishing a series of social media posts in May 2024 in alignment with Mental Health Month. These mechanisms support sharing of project updates, successes, lessons learned, and resources to support work in schools beyond those directly engaged in the project. Additionally, as trends and best practices in PD/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 PD/TA approaches.

Throughout the project, outcome, and process data have been reviewed regularly by the Program Team to guide continuous quality improvement efforts. These data were discussed in quarterly evaluation meetings, with associated decisions on future program adjustments documented in Program Team Meeting Notes.

Additionally, NACDD will continue to present outcome data in annual evaluation reports and include program progress and activities to date. These evaluation findings will be disseminated annually to states and LEAs participating in the LCC, as well as colleagues within NACDD's Center for Healthy Communities, Child Trends and Mental Health America partners, and CDC. These findings will be shared via LCC administrative calls (which will take place twice per year beginning in Year 3), on the LCC Project Page, and in NACDD's monthly *Whole Child Hub* newsletter.

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

Table 10: 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 -Engaging in continuous quality improvement -Planning for additional PD opportunities	-Summary Reports -Presentation of Results in Bi-Weekly Meeting	-After each PD opportunity where data is collected
CDC	Understanding impact and reach	-REDCap Submissions -Evaluation Reports -Project Officer Meeting Notes	-Monthly -Annually -Monthly
SEA/LEA LCC Members	-Understanding impact and reach -Share progress and accomplishments of LCC members -Add context to analysis and interpretation of results -Seeking feedback to guide program improvements and direction	-State/LEA Kick-Off Calls -LCC Program Webpage -LCC Newsletters	-Annually
NACDD Network (Internal and External)	-Understanding impact and reach -Informing/Contributing to the field of school health	-Evaluation Briefs -NACDD School Health web-based resource repository -NACDD newsletters/social media	-Annually
Others working in School Health/Whole Child/Emotional Well-Being/School Mental Health	-Understanding impact and reach -Informing/Contributing to the field of school health	-Conferences -Success Stories -Evaluation Briefs	-Annually

Overall, evaluation results will be used to understand impact and reach, share successes, inform and improve programming, develop new tools and resources, improve state, LEA, and partner constituents' capacity to effectively address emotional well-being of school students, teachers, and 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.

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