ThriveKids Student Wellness Program Evaluation Design

Alizea Alvarez-Sookram

Master's Program Evaluation & Data Analysis, Arizona State University

PAF 541: Program Evaluation

Dr. Eileen Eisen-Cohen

June 26, 2025

Final Evaluation Design

Introduction

This evaluation design outlines the framework for assessing the ThriveKids program, a school-based initiative that provides integrated care coordination, mental, and behavioral health services to students in Jefferson Parish and targeted Orleans Charter schools. The evaluation aims to better understand how ThriveKids' work is impacting student's well-being and school outcomes. More specifically, it aims to understand the program's perceived impact, value, and accessibility from the perspectives of both students and school staff, with attention to how services support holistic well-being, academic success, and improved communication among school-based and healthcare providers.

The evaluation aims to center the lived experiences of those most impacted by the program, particularly the students and their families, while also capturing the insights of the staff who facilitate services on the ground. Grounded in an equity-driven approach, this evaluation prioritizes stakeholder engagement across school and community levels.

This document outlines the purpose, scope, considerations, key evaluation questions, methodology, indicators, data sources, and plan for sharing findings. The goal is to generate actionable, community-informed insights that support learning, accountability, and possible future scaling or adaptation of the ThriveKids model.

Background and purpose

Program description

ThriveKids is a school-based wellness and care coordination program serving students in Jefferson and Orleans Parish schools. The program provides school-based therapy, outpatient counseling, and care coordination, including targeted reentry support for youth recovering from trauma or exiting juvenile detention. ThriveKids prioritizes culturally responsive, linguistically appropriate, and trauma-informed care to address the physical and mental health needs of students who face systemic barriers related to race, income, immigration status, and justice involvement.

Staffed by social workers, nurses, care coordinators, and clinicians, ThriveKids works to reduce care fragmentation and strengthen collaboration across health, education, and community systems. In addition to direct services, the program offers professional development, community engagement sessions, and is developing a community-led Steering Committee composed of youth, families, and local youth-serving organizations to guide implementation and evaluation. By addressing both individual needs and systemic challenges, ThriveKids aims to improve student well-being, school engagement, and long-term educational equity.

Evaluation purpose and questions

As aforementioned, the primary purpose of this evaluation is to assess the effectiveness and perceived value of ThriveKids' school-based and community-integrated mental health services across three core settings: schools, the Juvenile Justice Intervention Center

(JJIC), and the trauma stabilization unit. The evaluation will explore how access to these services impacts emotional well-being, behavior, and educational engagement across settings, and will also examine quantifiable changes in school attendance, academic performance, and disciplinary actions where applicable. The evaluation will incorporate perspectives from students, families, and program-related staff in each setting to inform continuous improvement, integration, and expansion.

The intended use of the evaluation is to inform program improvement, support strategic decision-making, and ensure service equity and effectiveness across diverse populations.

This outcome-focused evaluation is intended to serve several key purposes for stakeholders:

- **Students and Families (across schools, JJIC, and the trauma unit):**

  The evaluation centers their voices by capturing how they perceive the usefulness, accessibility, and outcomes of services received. It ensures that programming is responsive to their lived experiences and identifies barriers that may limit impact or access.

- **School-Based Staff and Leadership (teachers, counselors, principals):**

  Results help determine how ThriveKids contributes to student well-being, classroom behavior, school climate, and academic success. This information can guide school-level decisions about referral processes, program integration, and support strategies.

- **JJIC Leadership and Detention Staff:**

  The evaluation provides insight into the role of ThriveKids in improving behavior, reducing recidivism risk, and preparing youth for reentry. It supports decision-making around continued partnerships and the development of trauma-informed practices within juvenile justice settings.

- **Trauma Unit Clinicians and Hospital Administrators:**

  Findings on patient stabilization, aftercare engagement, and service transitions help improve care planning, measure short-term mental health outcomes, and identify how ThriveKids fits into broader hospital discharge and referral workflows.

- **Program Administrators and Implementation Staff:**

  The evaluation offers data to assess whether services are being delivered equitably and effectively across all sites. It helps refine outreach strategies, improve coordination among partners, and prioritize resources based on need and impact.

- **Funders and Policymakers:**

  The evaluation provides both quantitative and qualitative evidence of ThriveKids' value and impact. This is critical for making funding decisions, advocating for expanded mental health infrastructure, and aligning investments with broader education and public health goals.

Evaluation Questions	**Type**	**Question Purpose**	**Relevance**	**Interested Stakeholders & Why**	**Indicator(s)**
How do students and families across schools, JJIC, and the trauma unit perceive the availability, accessibility, and usefulness of ThriveKids mental health services?	Outcome	Process & Implementation	Understands reach, relevance, and perceived quality of services across all service environments	**-Students & families** (user experience)**,** **-School/JJIC/ hospital staff** (service coordination) **-Program leaders** (access gaps)**,** **-Funders** (equity and reach)	Satisfaction surveys, focus groups, or interviews by setting (school, JJIC, trauma unit)
What emotional, behavioral, and academic (or stabilization) changes do students and families report as a result of participating in ThriveKids services?	Outcome	Effectiveness	Assesses program's effectiveness in achieving mental health, behavioral, and functional outcomes across settings	- **Students & families** (impact), -**Clinicians** (response to intervention), **-School/JJIC/ hospital staff** (youth improvement),	Self-reported outcomes, pre/post participation surveys, discharge notes, academic and behavioral tracking

				-**Funders** (program results)	
What barriers do students and families face in accessing services in each setting (school, JJIC, trauma unit), and how do these differ across populations?	Combo	Process & Implementation	Identifies systemic or contextual challenges that affect equity and implementation	**-Program administrators** (service design), -**Families** (access improvement), -**School/JJIC/ hospital partners** (system change)	Reports of barriers (qualitative), missed appointments, service referral delays, language or transportation issues
How do staff working in schools, JJIC, and the trauma unit perceive the contribution of ThriveKids services to youth well-being and system outcomes?	Outcome	Process & Implementation	Assesses staff-perceived program value and cross-system collaboration	-**Teachers, counselors, JJIC and hospital staff** (coordination and climate), -**Program team** (integration feedback), -**Funders** (staff support evidence)	Staff interviews and surveys

What impact does participation in ThriveKids have on attendance, academic performance, and disciplinary outcomes (where applicable) among students served in schools and JJIC? *For youth served in the trauma unit, what changes are observed in stabilization outcomes, engagement in aftercare planning, or referrals to longer-term support?	Outcome	Effectiveness & Attribution	Measures academic and behavioral changes linked to services, where educational data are available *Identifies measurable outcomes for clinical stabilization and continuity of care	**Schools, JJIC, Funders, Evaluators** (impact validation) ***Trauma unit clinicians, hospital admin, Thrive staff, families** (treatment success)	Attendance records, grades, disciplinary data (pre/post intervention) *aftercare/referral records and follow-up documentation

Cultural competency considerations for the evaluator and the evaluation

Evaluating programs that serve youth in the capacity ThriveKids does requires deep cultural humility, contextual awareness, and an intentional commitment to equity. Both Jefferson and Orleans Parishes have long histories of racial inequities in education, healthcare, and juvenile justice. And so, it's important to recognize how historical trauma and systemic racism shape students' current participation, to account for structural barriers, and center resilience, agency, and community knowledge rather than deficit-based

narratives. Youth, especially those impacted by systems like healthcare and juvenile justice, are often evaluated *about* rather than *with.* And so, it will be important to co-create data collection tools with youth input, provide space for youth and families to define what success looks like in their own words, and use culturally resonant language.

The program is actively building a community advisory board, referred to as the Steering Committee, that includes youth participants, their families, and representatives from youth-serving community organizations across New Orleans and Jefferson Parish. This committee serves as a critical partner in shaping the evaluation by ensuring that the questions, methods, and interpretations reflect the lived experiences, priorities, and cultural contexts of those most impacted. Engaging this Steering Committee throughout the evaluation process not only enhances cultural competency but also redistributes power by involving stakeholders as co-creators of knowledge, rather than passive subjects of inquiry.

Ethical considerations for the evaluator and evaluation

This evaluation is guided by ethical principles that prioritize safety, dignity, and agency of all participants and their families. Given the sensitive nature of the students' experiences, the evaluation process is designed to be trauma-informed, equity driven, and grounded in cultural humility.

All data collection will adhere to informed consent and asset protocols, using age-appropriate, plain-language, and language-accessible materials so participants and their families understand the purpose of the evaluation and their rights. Participation will be

entirely voluntary and will have no impact on the services participants receive. Strict confidentiality measures will be in place to protect personal information.

Recognizing the potential for harm in evaluative work, especially when involving system-impacted youth, this evaluation intentionally centers a “do no harm” approach while striving to generate benefits for the communities involved. The ThriveKids Steering Committee will be actively engaged in shaping the evaluation to ensure that findings are relevant, respectful, and actionable. Their participation helps redistribute power in the evaluation process and ensures that interpretations and recommendations reflect lived experience and community-defined values.

Finally, the evaluator will practice ongoing reflexivity, acknowledging how personal identity, assumptions, and power dynamics may shape data collection and analysis. Throughout the process, transparency, accountability, and co-creation with stakeholders will serve as ethical anchors for both the process and the findings of this evaluation.

Stakeholder evaluation needs

ThriveKids targets three high-need student populations: students enrolled in Jefferson Parish and target charter schools in Orleans Parish, youth exiting the Juvenile Justice Intervention Center (JJIC), and students recovering from traumatic injuries.

School-Based Mental Health Needs

In Louisiana, the youth mental health crisis is particularly acute. In 2022, over 51,000 K–12 students, more than 14% of the school-aged population, experienced a major depressive episode, yet 62.5% did not receive any form of treatment (Hopeful Futures Campaign, 2022). These mental health needs disproportionately affect students of color and those in low-income communities. As of 2024–2025, 89.2% of students in Orleans Parish and 80.6% in Jefferson Parish come from economically disadvantaged backgrounds, and 91.7% of students in Orleans Parish identify as Black, Hispanic, or another student of color (Louisiana Department of Education, 2025). These demographic disparities are exacerbated by severe shortages of qualified mental health professionals in schools. In 2022, Louisiana had one school psychologist for every 3,365 students and one school social worker for every 1,979 students, far below the recommended ratios of 1:500 and 1:250, respectively (Hopeful Futures Campaign, 2022).

Youth & Immigrant Youth Exiting Detention

Students exiting juvenile detention face a distinct set of challenges that impede their successful reintegration into school or opportunity youth programs. Youth in detention are disproportionately Black and low-income, and are far more likely to have experienced trauma, disrupted education, and undiagnosed mental health issues. Nationally, 70% of youth in the juvenile justice system have a diagnosable mental health condition, and 90% have experienced at least one traumatic event (Teplin et al., 2013; Abram et al., 2004). Once released, these youth encounter systemic barriers such as a lack of school reentry support, fragmented service systems, and stigma, all of which reduce their likelihood of academic success and increase their risk of recidivism. Effective reentry

programs that integrate care coordination, mental health services, and school support are vital for improving long-term outcomes for this population (Leone & Weinberg, 2010). Immigrant youth exiting detention often face compounded challenges due to trauma histories, disrupted education, limited access to linguistically and culturally appropriate care, and legal uncertainty. As a result, youth often face delays in school registration, encounter language and cultural barriers, and struggle with academic engagement (Gelatt & Batalova, 2024).

Students Recovering from Trauma

Children and adolescents who experience traumatic injuries, such as gun violence, car accidents, or abuse, often face complex emotional and physical recovery processes that impact their ability to return to school. Trauma is linked to increased risks for post-traumatic stress disorder (PTSD), depression, and academic difficulties (SAMHSA, 2014). These students are often discharged from hospitals with limited school reintegration planning or follow-up care. Without school-based care coordination, these students risk falling behind academically or disengaging entirely from school (Garbarino et al., 1992).

Key stakeholders in this program are the students and families as direct recipients of services; school administrators as collaborators in student support, JJIC and trauma unit staff as partners in care transitions; ThriveKids staff and management as program management and implementers; and community leaders and policymakers such as the City of New Orleans, Agenda for Children and funders as financial backers, policy stakeholders, and advocates for youth.

The students' goals for program success are likely to include accessing care that helps them feel safe, supported, and ready to succeed academically and emotionally. And, likely to look for evidence that services improve well-being, coping skills, academic performance, and reduce stigma or fear around mental health. The families' goals for program success are likely to include reliable, respectful care coordination and mental health support for their kids that is available in their preferred language. And likely to look for feedback that shows families feel involved, respected, and that services are accessible, culturally responsive, and effective. School administrators' goals for the program's success are likely to see evidence of improved student attendance, behavior, and academic engagement. And, might be looking for data demonstrating this evidence from the evaluation.

ThriveKids staff and management's goals for program success likely include delivering high-quality, coordinated services across settings, and they likely want insights into what is working, where coordination can be improved, and how staff can better meet the student and family needs. JJIC and trauma unit staff's goal for program success are likely successful reentry or youth into school or community-based services, and they may want to see metrics showing follow-through on referrals, improved school reintegration, and collaboration between systems. Community leaders, policymakers, and funders' goals for program success likely include inclusive and equitable systems for youth, community voice in service delivery, evidence that local investment in school-based wellness leads to filling systemic gaps and educational gains. They may also look for findings in the evaluation that reflect the impact of services and feedback to justify continued or expanded funding and partnerships.

Program theory

Program theory introduction

ThriveKids is grounded in the belief that students can thrive when supported by accessible, culturally responsive, and coordinated care. The program integrates school-based therapy, outpatient counseling, and care coordination to address unmet physical and mental health needs, fragmented service systems, and academic disengagement.

The theory of change outlines a pathway from increased access and communication (short-term) to improved attendance, reduced disciplinary incidents, and better care follow-through (intermediate), ultimately leading to stronger emotional well-being and academic performance (long-term). The end goal is to advance health equity by supporting the whole child, academically, emotionally, and socially.

The logic model details how ThriveKids' inputs and activities lead to measurable outputs and phased outcomes. This theory guides the evaluation by clarifying how and why ThriveKids is expected to create impact across schools in Jefferson and Orleans Parishes.

Theory of change

Problem: Students in Louisiana, particularly low-income, students of color, immigrant youth, and those exiting detention or recovering from trauma, face unmet mental health needs, fragmented care, and educational disengagement.

ThriveKids delivers school-based therapy, outpatient counseling, and care coordination (including reentry support for justice-involved and injured youth)

So That students can access linguistically and culturally appropriate mental health services and receive support navigating health and education systems [Short-term Outcome]

So That they and their families follow through on referrals, attend appointments, improve school attendance, and experience fewer disciplinary incidents [Intermediate Outcome]

So That students show improved emotional well-being and academic performance [Long-term Outcome]

So That all students, especially the most marginalized, are supported in thriving academically, emotionally, and socially, advancing health equity across communities [Vision/Goal]

Program logic model

Inputs	Outputs=Process Evaluation		Outcomes=Outcome Evaluation		
	Program Activities	*Performance measures to track the activity (who partciapted,how many)*	*Short-term (During or just after the program)*	*Medium (6Mos to a year after the program ends)*	*Long-term (More than a year after the program ends)*
- **Staff:** School-based social workers, nurses, outpatient clinicians, care coordinators, advanced care team, ThriveKids directors and management	- School-based therapy sessions, - care coordination referrals, - Reentry support: medical transport, school coordination, follow-up care, accommodations, follow-up care, parent support, - Outpatient therapy services	- # of students referred to ThriveKids - # of care coordination referrals - Total # of students receiving individual or group counseling - # of students receiving individual or group counseling in school - # of telehealth appointments conducted - # of schools participating in ThriveKids - # of sessions held in outpatient clinic setting	- Increased access to mental/behavioral health services - Improved communication between school staff and healthcare providers - Greater student awareness of coping strategies/support systems - Increased family engagement in their child's care - Number of schools reporting successful incorporation of ThriveKids staff into student support teams	- Improved student attendance rates - Decreased behavioral incidences or discipline referrals - Increased continuity of care between school and community providers - Higher follow-through on medical/mental health appointments	- Improved student mental and emotional well-being - Improved academic performance - Reduced hospitalizations or crisis interventions for behavioral health issues - Long-term improvement in graduation rates and school engagement

Inputs	Outputs=Process Evaluation		Outcomes=Outcome Evaluation		
	Program Activities	*Performance measures to track the activity (who partciapted how many)*	*Short-term (During or just after the program)*	*Medium (6Mos to a year after the program ends)*	*Long-term (More than a year after the program ends)*
- **Community partnerships:** LCMC Health, Agenda for Children, JJIC, NOLA Public Schools, Jefferson Parish, Manning Family Children's	-Community education & professional development sessions	- # of community education & professional development sessions	- Increased awareness among school staff, community partners, and families about student mental health needs and trauma-informed practices - Improved understanding of referral processes and available services within ThriveKids	- Greater use of appropriate referrals to ThriveKids for mental and behavioral health support - Increased collaboration between school staff, healthcare providers, community providers, and ThriveKids personnel	- Reduced stigma around mental health among staff, students, families, and communities leading to earlier intervention and better student outcomes
- **Funders:** Grants, City of New Orleans, Agenda for Children, Jefferson Parish School District, NOLA Public Schools, Office of Juvenile Justice Delinquency Prevention	- Provide financial investments to support ThriveKids programming (e.g., staffing, infrastructure, outreach)	- Total dollar amount invested - Number of funded components (e.g., staff, services, tech systems)	- Awareness of how funds ae used and what services are delivered	- Increased confidence in the program's effectiveness and accountability - Amount of renewed or new funding secured annually from public and private sources	- Increase in partnerships (e.g., between schools, health providers, justice systems, students, and families) supporting student wellness -

Inputs	Outputs=Process Evaluation		Outcomes=Outcome Evaluation		
	Program Activities	*Performance measures to track the activity (who partciapted how many)*	*Short-term (During or just after the program)*	*Medium (6Mos to a year after the program ends)*	*Long-term (More than a year after the program ends)*
- **Infrastructure:** office space in schools, Epic, Laptops, Outlook, HIPPA compliant telehealth service systems, outpatient clinic space, agreements between program and parishes, standard operating procedures	- Maintain offices in schools for confidential mental health services - Use of Epic for documentation of services and care coordination, - Provide laptops, phones, and communication tools for staff - Utilize telehealth systems for remote therapy and medical appointments - Ensure access to secure clinic space for outpatient therapy - Implement referral procedures and service workflows with school districts	- # of school-based office spaces equipped for therapy or coordination - # of devices distributed to staff members			

Assumptions

-Students and families will engage with the services offered if they are accessible, culturally responsive, and linguistically appropriate.

-School staff and administrators are willing collaborators, and will refer students appropriately and support integration efforts.

-Community partners and healthcare providers are available and responsive to referrals made by ThriveKids.

-JJIC and trauma units cooperate with ThriveKids staff and follow through with reentry coordination.

-Funding will be sustained through local government, grants, and partnerships to support staffing, infrastructure, and service delivery.

External Factors

-Policy changes affecting Medicaid, juvenile justice, education funding, or mental health mandates.

-Availability of licensed mental health professionals in the region to meet service demand.

-Sociopolitical climate, especially related to immigrant youth, racial equity, and mental health stigma.

-Family stability, access, and knowledge, such as housing insecurity, technology access, or digital literacy issues may affect participation.

-School staffing shortages or turnover that impact consistency in coordination and referrals.

-Natural disasters or public health emergencies (e.g., hurricanes, pandemics) that disrupt school and service continuity.

Evaluation methods

M & E plan

Program Name: ThriveKids Student Wellness Program	
Activity 1 *(from the Activity column in the outputs in your logic model)*	School-based therapy sessions
Performance Measure (1a) *(from the 2nd column in the outputs/logic model)*	Total number of students receiving individual counseling session provided at school
Indicator *(the unit of analysis/data item that will be counter/tracked)*	Students
Data Source	Service records in Epic
Timeframe Data Collection *(how often will these data be collected)*	Monthly
Timeframe Reporting	Quarterly/Annually
Performance Measure (1b) *(from the 2nd column in the outputs/logic model)*	Total number of students receiving group counseling in school
Indicator *(the unit of analysis/data item that will be counter/tracked)*	Students
Data Source	Service records in Epic
Timeframe Data Collection *(how often will these data be collected)*	Monthly
Timeframe Reporting	Quarterly/Annually
Performance Measure (1c)	Total number of schools participating in ThriveKids services
Indicator	schools with at least one ThriveKids clinician
Data Source	ThriveKids Site assignments and school participation records
Timeframe Data Collection	Quarterly
Timeframe Reporting	Annually
Activity 2	Care Coordination
Performance Measure (2a)	Total number of students referred to care coordination services
Indicator	Student referrals
Data Source	Referral logs in Epic
Timeframe Data Collection	Ongoing
Timeframe Reporting	Quarterly

Performance Measure (2b)	Number of students who received follow-up services through care coordination
Indicator	Follow-up services initiated and tracked
Data Source	Follow-up documentation in Epic
Timeframe Data Collection	Ongoing
Timeframe Reporting	Quarterly/Annually
Performance Measure (2c)	Number of families engaged in care coordination
Indicator	families
Data Source	Contact logs in Epic
Timeframe Data Collection	Ongoing
Timeframe Reporting	Quarterly/Annually
Performance Measure (2d)	Types of care coordination activities delivered
Indicator	Breakdown of care coordination service types (e.g., medical appointment scheduling, transportation coordination, school accommodations, follow-up calls, resource linkage, parent support)
Data Source	Service documentation in Epic (coded by activity type)
Timeframe Data Collection	Ongoing
Timeframe Reporting	Quarterly/Annually
Activity 3	Reentry Support for Juvenile Justice-Involved Youth and Trauma Unit Patients
Performance Measure (3a)	Total number of students from JJIC or the trauma unit assigned to a ThriveKids care coordinator for reentry planning
Indicator	Students
Data Source	Referral forms from JJIC/trauma unit; Epic case initiation logs
Timeframe Data Collection)	Ongoing
Timeframe Reporting	Quarterly/Annually
Performance Measure (3b)	Total number of reentry activities completed (e.g., medical transport, school reintegration meetings, accommodations coordination, family support meetings)
Indicator	Reentry activity
Data Source	Service logs in Epic
Timeframe Data Collection)	Monthly
Timeframe Reporting	Quarterly/Annually
Performance Measure (3c)	Average number of days between discharge (from JJIC or trauma unit) and first contact by ThriveKids for reentry support

Indicator	Days between discharge and first contact
Data Source	Discharge records; initial contact logs in Epic
Timeframe Data Collection)	Ongoing
Timeframe Reporting	Quarterly
Performance Measure (3d)	Total number of students with documented school-based accommodations developed in collaboration with ThriveKids post-reentry
Indicator	Students
Data Source	School records; Thrive documentation; IEP/504 meeting notes
Timeframe Data Collection)	Ongoing/Monthly
Timeframe Reporting	Quarterly
Performance Measure (3e)	Number of families participating in reentry planning meetings or follow-up check-ins
Indicator	Families
Data Source	Communication logs in Epic
Timeframe Data Collection)	Ongoing
Timeframe Reporting	Quarterly
Activity 4	Outpatient Therapy Services
Performance Measure (4a)	Total number of unique students receiving individual or group outpatient therapy services
Indicator	Students
Data Source	Service documentation in Epic; therapist caseload reports
Timeframe Data Collection	Ongoing
Timeframe Reporting	Quarterly/Annually
Performance Measure (4b)	Total number of outpatient therapy sessions completed (in-person or telehealth)
Indicator	Therapy sessions
Data Source	Service documentation in Epic; scheduling system logs in Epic
Timeframe Data Collection	Ongoing
Timeframe Reporting	Quarterly/Annually
Performance Measure (4c)	Modality of outpatient services delivered
Indicator	Therapy modality used (e.g., individual, group, telehealth, in-person)
Data Source	Service type selections in Epic
Timeframe Data Collection	Ongoing
Timeframe Reporting	Quarterly/Annually

Performance Measure (4d)	Percentage of scheduled outpatient sessions not completed due to no-show or cancellation
Indicator	No-show/cancelled outpatient sessions
Data Source	Appointment logs in Epic
Timeframe Data Collection	Ongoing
Timeframe Reporting	Quarterly/Annually
Performance Measure (4e)	Average number of therapy sessions completed per client receiving outpatient services
Indicator	Therapy sessions
Data Source	Utilization reports in Epic
Timeframe Data Collection	Ongoing
Timeframe Reporting	Annually
Activity 5	Community Education & Professional Development Sessions
Performance Measure (5a)	Total number of community sessions delivered (including workshops, presentations, professional development, and trainings)
Indicator	Community sessions
Data Source	Event logs; training calendars; sign-in sheets
Timeframe Data Collection	Per session/ongoing
Timeframe Reporting	Quarterly
Performance Measure (5b)	Participant count and breakdown by role (e.g., teachers, school administrators, healthcare providers, families) attending sessions
Indicator	Participant role
Data Source	Sign-in sheets; registration forms; feedback surveys
Timeframe Data Collection	Per session
Timeframe Reporting	Quarterly
Performance Measure (5c)	Average satisfaction score or percentage of participants rating sessions as “useful” or “very useful”
Indicator	Participant satisfaction
Data Source	Post-training evaluation surveys
Timeframe Data Collection	After each session
Timeframe Reporting	Quarterly
Performance Measure (5d)	Percentage of participants reporting increased understanding of trauma-informed practices, referral processes, or ThriveKids services
Indicator	Participant knowledge or awareness
Data Source	Pre/post assessments; retrospective self-report surveys
Timeframe Data Collection	Per training

Timeframe Reporting | Quarterly; Annually (aggregate)

Outcome evaluation plan

Program Name: ThriveKids Student Wellness Program

Long-Range Outcome	Improved student mental and emotional well-being
Performance Measure	- % of students showing sustained improvement on standardized emotional/behavioral health assessments - % of students reporting improved emotional regulation and self-esteem
Indicator	Changes in clinical or validated screening scores over time; self-reported well-being
Data Collection Method	Standardized assessments (e.g., SDQ, PSC-17); longitudinal student surveys
Methodology is: quantitative, qualitative or mixed methods?	Mixed methods
Who will collect these data?	School clinicians and Evaluator
Timeframe Data Collection	At start and end of 6–8 week intervention cycles
Timeframe Reporting	Per semester/Annually
Long-Range Outcome	Improved academic performance
Performance Measure	- % of students showing GPA improvement year-over-year - % increase in standardized test scores among program participants
Indicator	Academic records, grade progression, test performance
Data Collection Method	School records; district/charter reporting systems
Methodology is: quantitative, qualitative or mixed methods?	Quantitative
Who will collect these data?	School data teams/care coodinators/evaluator
Timeframe Data Collection	Every nine weeks and end of each academic year
Timeframe Reporting	Annually
Mid-Range Outcome	Improved student attendance rates
Performance Measure	- % decrease in chronic absenteeism among ThriveKids participants - % of participants with improved average monthly attendance
Indicator	Attendance rate comparison pre- and post-intervention
Data Collection Method	School attendance records
Methodology is: quantitative, qualitative or mixed methods?	Quantitative
Who will collect these data?	Schools

Timeframe Data Collection	Throughout the school year
Timeframe Reporting	Per semester/Anually
Mid-Range Outcome	Decreased behavioral incidences or discipline referrals
Performance Measure	- % reduction in office disciplinary referrals among program participants - % reduction in suspension or expulsion rates
Indicator	Comparison of behavior/disciplinary records pre/post
Data Collection Method	School discipline records; behavioral logs (like a checkin/check out or daily behavior report card)
Methodology is: quantitative, qualitative or mixed methods?	Quantitative
Who will collect these data?	School admin/ABIT Team/Thrivekids school-based clinicians
Timeframe Data Collection	Ongoing
Timeframe Reporting	Per semester/Annually
Short-Term Outcome	Increased access to mental/behavioral health services
Performance Measure	- % of referred students who successfully begin services within 2 weeks - % of students who report that mental health services are easy to access
Indicator	Service utilization rates across sites and students
Data Collection Method	Service logs in Epic and student and caregiver surveys
Methodology is: quantitative, qualitative or mixed methods?	Mixed methods
Who will collect these data?	Evaluator and care coordinators
Timeframe Data Collection	Ongoing/Quarterly
Timeframe Reporting	Quarterly/Annually
Short-Term Outcome	Improved communication between school staff and healthcare providers
Performance Measure	- % of students with jointly developed care or crisis plans - % of staff reporting improved communication with health providers
Indicator	Frequency and quality of inter-professional communication
Data Collection Method	Case review and staff surveys
Methodology is: quantitative, qualitative or mixed methods?	Mixed methods
Who will collect these data?	Evaluator
Timeframe Data Collection	Ongoing
Timeframe Reporting	Quaterly
Short-Term Outcome	Greater student awareness of coping strategies and support systems

Performance Measure	- % of students correctly identifying at least 3 coping strategies post-intervention - % of students reporting increased self-efficacy in stress management
Indicator	Change in pre/post survey responses
Data Collection Method	Student pre/post surveys
Methodology is: quantitative, qualitative or mixed methods?	Quantitative
Who will collect these data?	School-based clinicians
Timeframe Data Collection	At start and end of 6–8 week intervention cycles
Timeframe Reporting	Per academic semester/Annually
Short-Term Outcome	Increased family engagement in their child's care
Performance Measure	- % of families who attend at least one planning or follow-up session - % of caregivers reporting they feel informed and involved
Indicator	Meeting attendance records and caregiver perception ratings
Data Collection Method	Case notes; caregiver surveys or feedback forms
Methodology is: quantitative, qualitative or mixed methods?	Mixed Methods
Who will collect these data?	Care Coordinators
Timeframe Data Collection	Ongoing, per family case
Timeframe Reporting	Quarterly/Annually

Reporting and dissemination

Reporting and dissemination plan for the evaluation

Evaluation findings will be shared with a diverse group of stakeholders, including ThriveKids leadership, school administrators, care coordinators, youth and their families, community partners, and funders. The dissemination strategy is designed to prioritize transparency, accessibility, and actionability, ensuring that findings are useful for both internal program improvement and external accountability.

Reporting formats will include a comprehensive written evaluation report, summary briefs tailored for specific stakeholder groups, and visual data snapshots (e.g., infographics or

slide decks). Findings will also be shared through interactive presentations with ThriveKids staff and Steering Committee members, who will be invited to help interpret results and co-develop next steps. Where appropriate, plain-language summaries will be created for youth and families. Dissemination methods may include email, internal meetings, community forums, and presentations to school district and funding partners. By centering equity in communication and engaging stakeholders throughout the process, the evaluation aims to foster shared ownership of findings and drive meaningful, community-informed change.

References

Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). **Posttraumatic stress disorder and trauma in youth in juvenile detention**. *Archives of General Psychiatry*, *61*(4), 403–410. POSTTRAUMATIC STRESS DISORDER AND TRAUMA IN YOUTH IN JUVENILE DETENTION - PMC

Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). *Children in danger: Coping with the consequences of community violence*. Jossey-Bass.

Gelatt, J., & Batalova, J. (2024). *Strengthening services for unaccompanied children in U.S. communities*. Migration Policy Institute. mpi-unaccompanied-children-services_final.pdf

Hopeful Futures Campaign. (2022). *America's School Mental Health Report Card: Louisiana*. FINAL-EDITS-Master_022322.pdf

Inseparable. (2025). *2025 Mental Health Workforce Policy Report: Louisiana*. https://www.inseparable.us/

Leone, P. E., & Weinberg, L. A. (2010). *Addressing the unmet educational needs of children and youth in the juvenile justice and child welfare systems*. Center for Juvenile Justice Reform. Addressing the Unmet Educational Needs of Children and Youth in the Juvenile Justice and Child Welfare Systems | Office of Justice Programs

Louisiana Department of Education. (2025, February). *Public enrollment 2024–2025: Multi stats (Total by site and school system)*. Enrollment Data

SAMHSA (Substance Abuse and Mental Health Services Administration). (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach | SAMHSA Library

Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2013). **Psychiatric disorders in youth in juvenile detention**. *Archives of General Psychiatry*, *59*(12), 1133–1143. Psychiatric Disorders in Youth in Juvenile Detention - PMC