

### Logic Model: ThriveKids Wellness Program

Inputs	Outputs=Process Evaluation		Outcomes=Outcome Evaluation		
	Program Activities	Performance measures to track the activity (who participated, 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)
<ul style="list-style-type: none"> <li>- <b>Staff:</b> School-based social workers, nurses, outpatient clinicians, care coordinators, advanced care team, ThriveKids directors and management</li> </ul>	<ul style="list-style-type: none"> <li>- School-based therapy sessions,</li> <li>- care coordination referrals,</li> <li>- Reentry support: medical transport, school coordination, follow-up care, accommodations, follow-up care, parent support,</li> <li>- Outpatient therapy services</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- # of students referred to ThriveKids</li> <li>- # of care coordination referrals</li> <li>- Total # of students receiving individual or group counseling</li> <li>- # of students receiving individual or group counseling in school</li> <li>- # of telehealth appointments conducted</li> <li>- # of schools participating in ThriveKids</li> <li>- # of sessions held in outpatient clinic setting</li> </ul>	<ul style="list-style-type: none"> <li>- Increased access to mental/behavioral health services</li> <li>- Improved communication between school staff and healthcare providers</li> <li>- Greater student awareness of coping strategies/support systems</li> <li>- Increased family engagement in their child's care</li> <li>- Number of schools reporting successful incorporation of ThriveKids staff into student support teams</li> </ul>	<ul style="list-style-type: none"> <li>- Improved student attendance rates</li> <li>- Decreased behavioral incidences or discipline referrals</li> <li>- Increased continuity of care between school and community providers</li> <li>- Higher follow-through on medical/mental health appointments</li> </ul>	<ul style="list-style-type: none"> <li>- Improved student mental and emotional well-being</li> <li>- Improved academic performance</li> <li>- Reduced hospitalizations or crisis interventions for behavioral health issues</li> <li>- Long-term improvement in graduation rates and school engagement</li> </ul>

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<p>- <b>Community partnerships:</b> LCMC Health, Agenda for Children, JJIC, NOLA Public Schools, Jefferson Parish, Manning Family Children's</p> <p>- <b>Funders:</b> Grants, City of New Orleans, Agenda for Children, Jefferson Parish School District, NOLA Public Schools, Office of Juvenile Justice Delinquency Prevention</p>	<p>-Community education &amp; professional development sessions</p> <p>- Provide financial investments to support ThriveKids programming (e.g., staffing, infrastructure, outreach)</p>	<p>- # of community education &amp; professional development sessions</p> <p>- Total dollar amount invested</p> <p>- Number of funded components (e.g., staff, services, tech systems)</p>	<p>- Increased awareness among school staff, community partners, and families about student mental health needs and trauma-informed practices</p> <p>- Improved understanding of referral processes and available services within ThriveKids</p> <p>- Awareness of how funds are used and what services are delivered</p>	<p>- Greater use of appropriate referrals to ThriveKids for mental and behavioral health support</p> <p>- Increased collaboration between school staff, healthcare providers, community providers, and ThriveKids personnel</p> <p>- Increased confidence in the program's effectiveness and accountability</p> <p>- Amount of renewed or new funding secured annually from public and private sources</p>	<p>- Reduced stigma around mental health among staff, students, families, and communities leading to earlier intervention and better student outcomes</p> <p>- Increase in partnerships (e.g., between schools, health providers, justice systems, students, and families) supporting student wellness</p> <p>-</p>

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<p>- <b>Infrastructure:</b> office space in schools, Epic, Laptops, Outlook, HIPPA compliant telehealth service systems, outpatient clinic space, agreements between program and parishes, standard operating procedures</p>	<ul style="list-style-type: none"> <li>- Maintain offices in schools for confidential mental health services</li> <li>- Use of Epic for documentation of services and care coordination,</li> <li>- Provide laptops, phones, and communication tools for staff</li> <li>- Utilize telehealth systems for remote therapy and medical appointments</li> <li>- Ensure access to secure clinic space for outpatient therapy</li> <li>- Implement referral procedures and service workflows with school districts</li> </ul>	<ul style="list-style-type: none"> <li>- # of school-based office spaces equipped for therapy or coordination</li> <li>- # of devices distributed to staff members</li> </ul>			

**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.