School Mental Health Support Program (SMHSP): 2026 Post-Evaluation Review Meeting

CENTER FOR POLICY RESEARCH

JULY 20, 2026

FUNDED BY THE COLORADO DEPARTMENT OF HUMAN SERVICES: BEHAVIORAL HEALTH ADMINISTRATION

Overview

The evaluation for the 2025-2026 school year integrated data from the program implementers with evaluator-led data collection to:

- Describe program implementation
- Evaluate program efficacy
- Identify opportunities for improvement
- Evaluate partnership effectiveness

Data Sources

Data provided by the implementers from their activities (August 2025-June 15, 2026)

- Participation data
- Evaluation data
- Needs assessment data

Data collected by CPR (April-May 2026)

- A program evaluation survey
- Virtual focus groups

1. Program Implementation

Despite being its first year, SMHSP established a strong statewide foundation by reaching diverse schools and organizations while building the infrastructure needed to support long-term implementation

SMHSP
School Mental Health Support Program

Baseline needs assessment forms generally supported the need for SMHSP

Figure 1. Baseline Needs Assessment Results on Staff Knowledge and Skills & Capacity and Resources

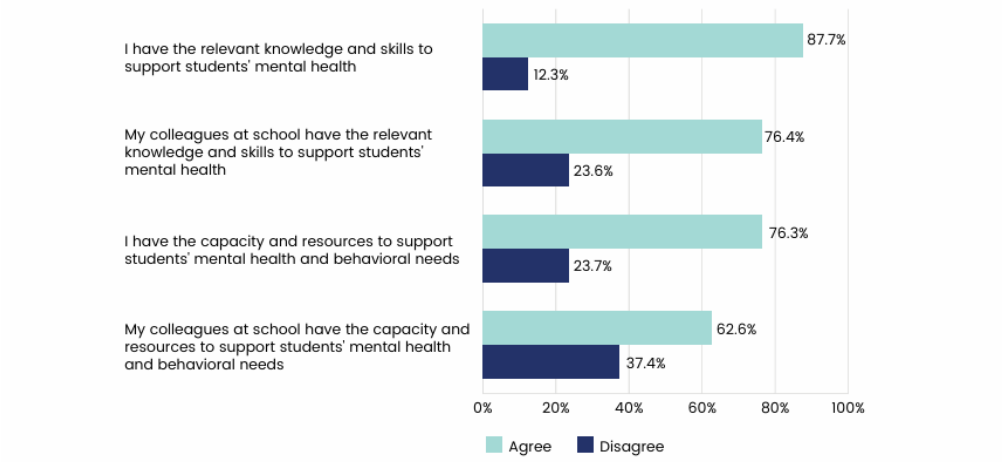
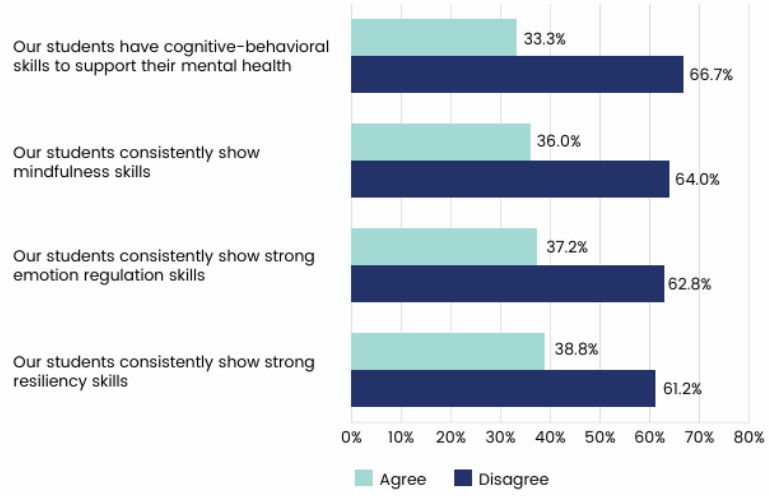


Figure 3. Baseline Needs Assessment Results on Student Skills



SMHSP reached a variety of individuals and organizations across Colorado

568

People participated in varying capacities

148

Organizations were represented among all participants

82

Colorado school districts were represented across **44** counties

352

Specific Colorado schools were reached

Participants included educators, school staff, mental health professionals, leaders, and community partners

Organizations included school districts, BOCES, private schools, mental health service organizations, non-profits, and others

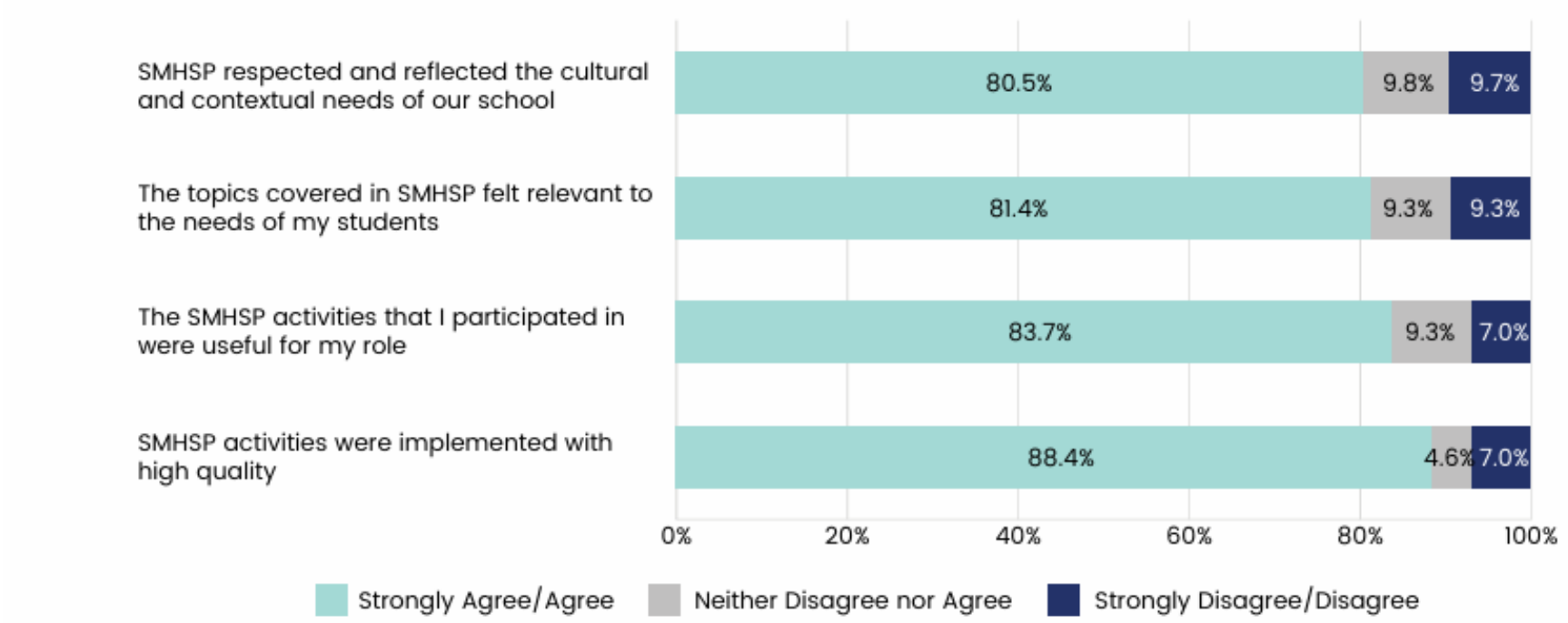
Implementation featured a variety of activities and resources

- Monthly SMHSP newsletter
- Virtual Kickoff Event and Spring Summit
- Learning Management System
  - Self-paced eLearning courses
  - Resources
- Organization-specific training sessions

- Statewide webinars and application to practice sessions
- Two statewide monthly learning series
- The *2025-2026 Colorado School Mental Health Community of Practice*

2. Program Efficacy

Figure 5. Program Evaluation Survey Results on Program Efficacy

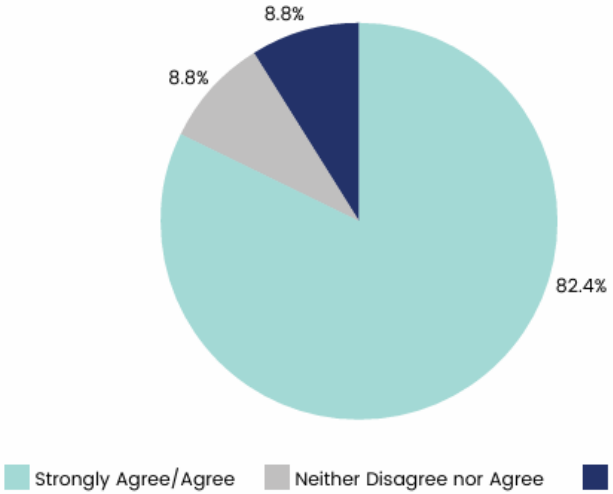


Participants were satisfied with the activities, training quality, and program overall

Participants valued the:

- Practical examples and resources provided
- Expertise of facilitators
- Opportunities for discussion and reflection
- Collaborative learning environment

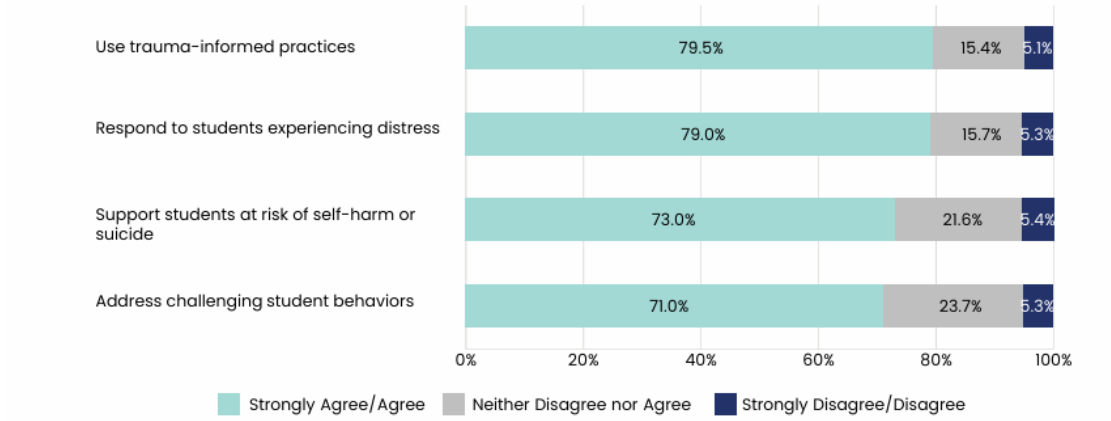
Figure 6. Program Evaluation Survey Results on Program Value



Participants gained knowledge and developed new skills

- Participants shared that they:
  - Learned practical strategies to incorporate into work and daily practice
  - Acknowledge the importance of applying these concepts to their own well-being and professional practice
  - Have plans to apply what they learned more broadly within their schools

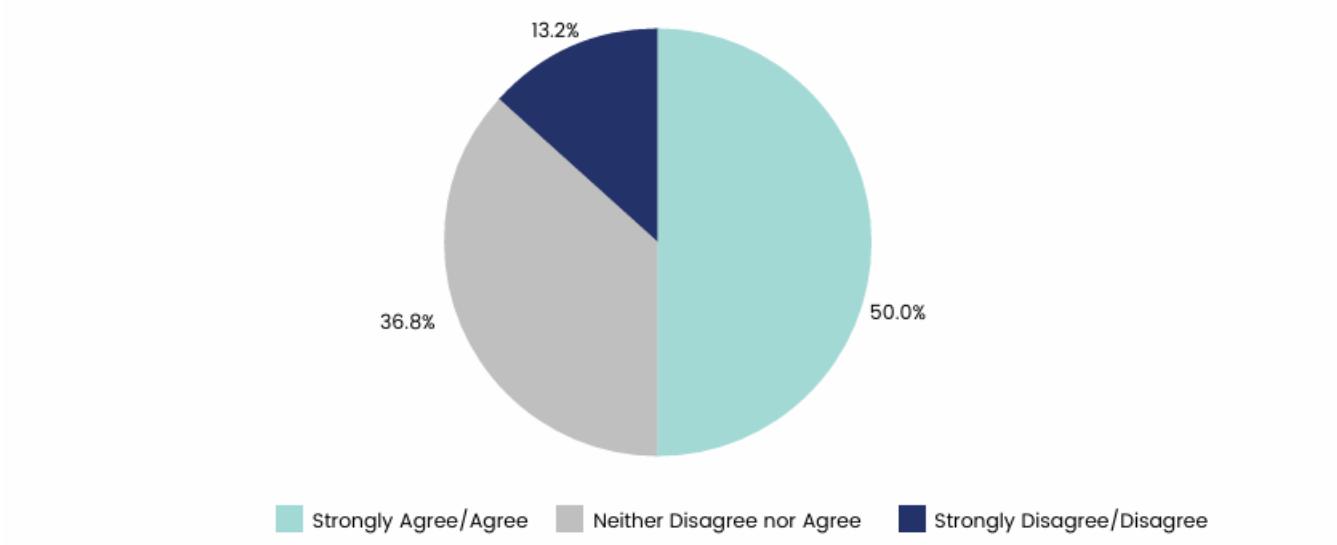
Figure 7. Program Evaluation Survey Results on Improvements in Ability to Support Student Mental Health



Participants perceived meaningful improvements in their knowledge and skills related to student mental health

Impact on educator well-being and workforce retention

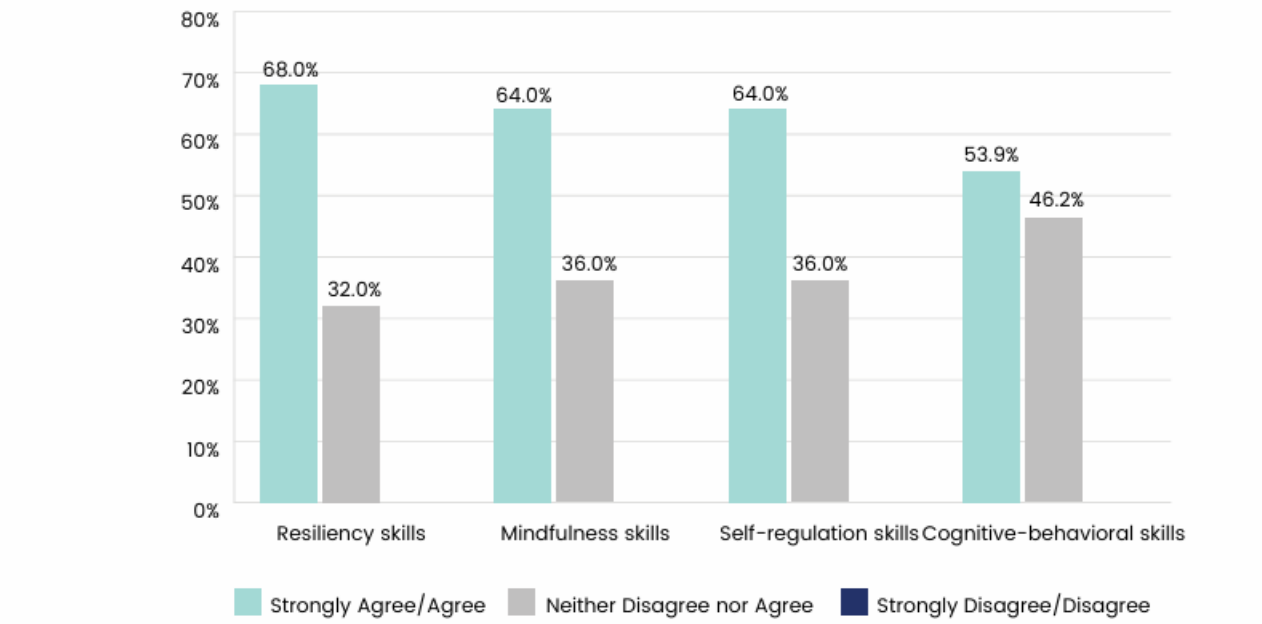
Figure 8. Program Evaluation Survey Results on Improvements in Stress and Feelings of Burnout



SMHSP helped to reduce professional isolation and provide opportunities for collaboration and validation

Impact on student outcomes

Figure 9. Program Evaluation Survey Results on Improvements in Student Skills



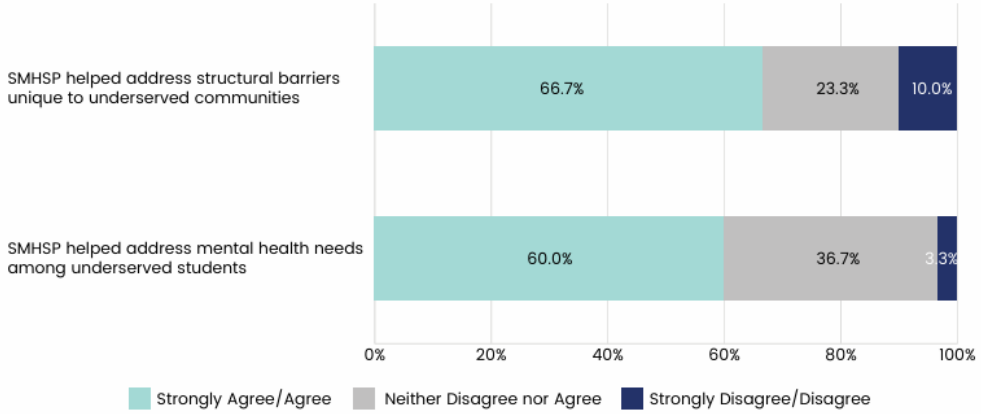
"A lot more teachers are doing mindfulness and co-regulation in their classes"

Trauma-informed practices became more integrated into student support discussions

Rural and underserved populations

- 21% of participating school districts are considered ‘rural’ and 37% ‘small rural’
- 12.9% of participating schools are considered low-poverty, 33.4% mid-low poverty, 35.1% mid-high poverty, and 18.5% high-poverty

Figure 11. Program Evaluation Survey Results on Responsiveness to Rural and Underserved Populations



3. Opportunities for Improvement

Identify how SMHSP could better support participation, learning, and sustained implementation in schools.

What we examined

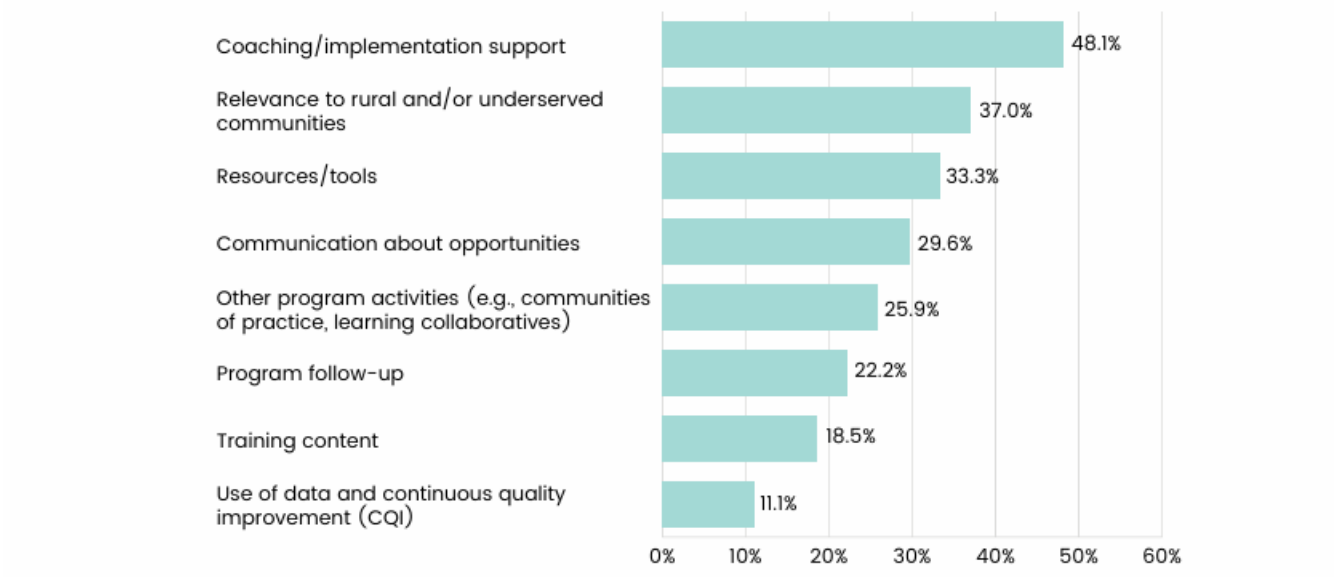
- What participants wanted more—or less—of
- Barriers to joining activities and applying practices
- Topics, delivery approaches, and follow-up supports still needed

Evidence used

- Program evaluation survey
- Open-ended implementer activity evaluations
- Four virtual focus groups

Participants want support that extends beyond the training room

Figure 12. Program Evaluation Survey Results on Areas for Improvement



The strongest request was not simply more training—it was help applying and sustaining what participants learned.

> "Once practitioners try something, how can we embed some follow up?"

Time and competing demands—not program content—were the main constraints

Figure 13. Program Evaluation Survey Results on Barriers to Participation

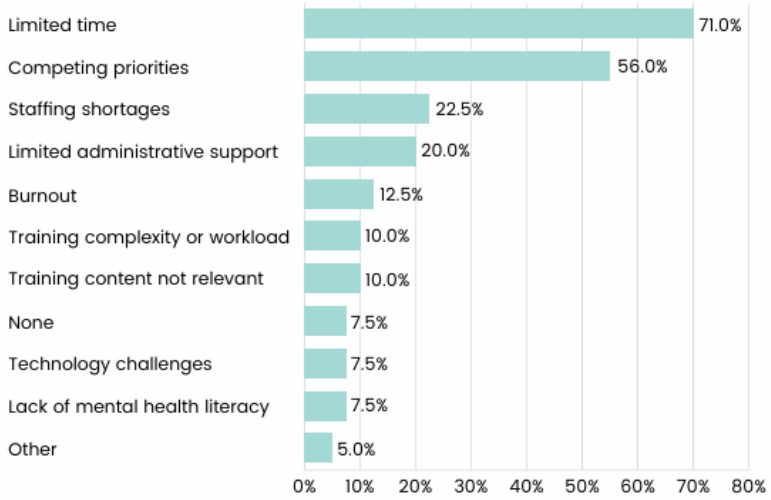
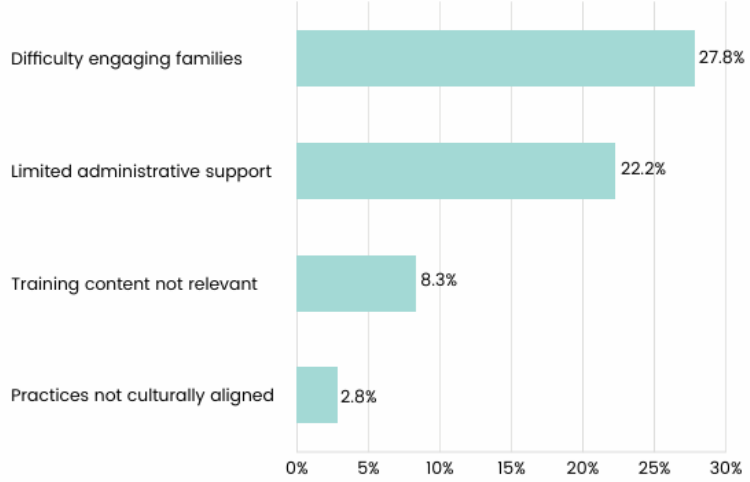


Figure 14. Program Evaluation Survey Results on Barriers to Implementation



Flexible access and implementation supports may reduce barriers without changing the program's core content.

Future offerings can be more practical, flexible, and responsive

1

Practice in the session

Use classroom scenarios, real-world examples, visuals, hands-on activities, and movement.

2

Support after the session

Offer coaching, consultation, peer learning, and opportunities to revisit concepts over time.

3

Expand access and depth

Provide recordings and concise outreach; deepen trauma content and tailor resources for rural settings and emerging issues.

> “More examples that are relevant to work settings and structures.”

> “I struggle to be available in the times they are offered…recordings…would be helpful.”

4. Partnership Effectiveness

Assess whether SMHSP strengthened the relationships and coordination needed to support school mental health.

What we examined

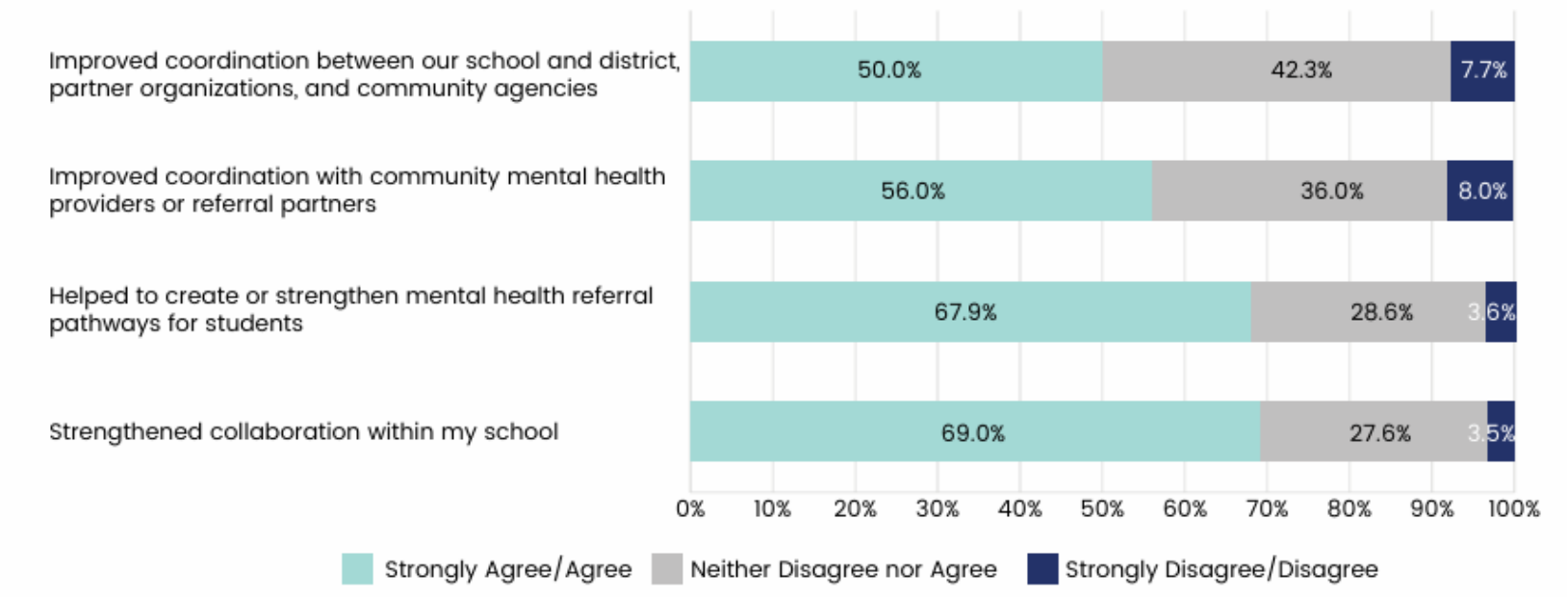
- Collaboration within schools and organizations
- Student connections and referral pathways
- Coordination across schools, districts, partners, and providers

Evidence used

- Program evaluation survey
- Open-ended implementer activity evaluations
- Four virtual focus groups

SMHSP strengthened collaboration most clearly within schools and referral pathways

Figure 15. Program Evaluation Survey Results on Collaboration and Coordination



69%

reported stronger collaboration within their own school or organization

Cross-system coordination was positive, but more mixed—many participants may not have been positioned to observe those changes.

The partnership also offered credibility, connection, and a trusted thought partner

> "Because of this partnership I have been able to feel less alone in this work and always had access to a thought partner and encouragement."

Participants consistently described facilitators as knowledgeable, professional, and supportive.

This relational value helped turn program resources into practical planning and problem-solving support.

Beyond formal coordination, participants described three partnership benefits:

Credibility	Reinforced school mental health priorities and helped validate concerns staff had raised.
Buy-in	Made it easier to engage colleagues and administrators around needed changes.
Connection	Created a foundation for peer learning and cross-site networking.

CONCLUSION

Key takeaways from SMHSP's first year

The evaluation shows a promising foundation—and identifies what is needed to sustain and deepen the work.

01 A strong statewide foundation

Reached diverse partners, including rural and underserved communities.

02 High-quality, responsive support

Trainings, technical assistance, and resources were viewed as relevant and practical.

03 Stronger educator capacity

Participants reported greater knowledge, confidence, and use of trauma-informed practices.

04 Relationships enabled implementation

Trusted thought partners helped schools identify priorities and tailor local supports.

05 Ongoing support is the next step

Participants wanted more coaching, consultation, peer learning, and practical follow-up.

06 Equity efforts met structural limits

Rural responsiveness was evident, but workforce, resource, and geographic gaps remained.

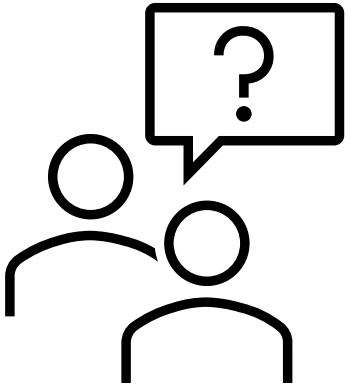
07 Barriers were largely systemic

Time, competing priorities, staffing, burnout, and family engagement constrained implementation.

The need for a coordinated statewide initiative to strengthen school mental health remains strong

SMHSP created momentum; sustaining it requires time, capacity, and continued implementation support

Questions and Discussion



Thank You!

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