A BILL FOR AN ACT

CONCERNING CREATION OF A STATEWIDE PROGRAM OF EARLY CHILDHOOD MENTAL HEALTH CONSULTATION.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov/.)

Early Childhood and School Readiness Legislative Commission. The bill directs the department of human services (department) to design, implement, and operate a statewide program of early childhood mental health consultation (program). The purpose of the program is to support mental health care across the state in a variety of early childhood settings and practices. Specifically, the program must be
designed to:

! Increase the number of qualified and appropriately trained early childhood mental health consultants (mental health consultants) for on-site consultations; and
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! Utilize the mental health consultants, through on-site visits, to support a variety of early childhood settings and practices from the prenatal period through 8 years of age.

The program must also include a:
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! Model of consultation for mental health consultants (model) that includes job qualifications and expectations, expected outcomes, and guidance on ratios of mental health consultants and the settings they support. The model must include standards and guidelines for mental health consultants developed from evidence-based programs.
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! Professional development plan for mental health consultants;
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! Certification process for mental health consultants; and
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! A published list of certified mental health consultants.

The bill requires the department to actively collect data related to the program and make regular reports on the program to the joint budget committee of the general assembly and as part of its annual "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing.

The department, in collaboration with the department of health care policy and financing, is directed to explore additional funding options for the program.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, add part 4 to article 6.5 of title 26 as follows:

PART 4

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION PROGRAM

26-6.5-401. Definitions. As used in this part 4, unless the context otherwise requires:

(1) "DEPARTMENT" MEANS THE STATE DEPARTMENT OF HUMAN SERVICES.
26-6.5-402. Early childhood mental health consultation - statewide program - creation - purpose - rules. (1) (a) On or before July 1, 2022, the department shall design, implement, and operate the statewide voluntary program for mental health consultants to expand and enhance current practices across the state. The department, through the program, shall support mental health in a variety of settings, including but not limited to early child care and learning, elementary schools, home visitation, child welfare, public health, and health care, including settings providing prenatal and postpartum care.

(b) In designing and developing the program, the department shall work in consultation with the National Center of Excellence for Infant and Early Childhood Mental Health Consultation funded by the United States Department of Health and Human Services; nationally recognized entities that support implementation of sustainable systems or programs that focus on promoting the social, emotional, and behavioral outcomes of young children; and key stakeholders in the state, including mental health professionals, nonprofit organizations with...
EXPERTISE IN MENTAL HEALTH, ORGANIZATIONS REPRESENTING PARENTS OF CHILDREN WHO WOULD BENEFIT FROM EARLY CHILDHOOD MENTAL HEALTH CONSULTATION, HOSPITALS AND OTHER HEALTH CARE PROVIDER ORGANIZATIONS WITH EXPERTISE WORKING WITH CHILDREN FACING BEHAVIORAL HEALTH AND OTHER CHALLENGES TO OPTIMAL GROWTH AND DEVELOPMENT, EARLY CHILD CARE AND EDUCATION PROVIDERS, AND CLINICIANS WITH EXPERTISE IN INFANT AND EARLY CHILDHOOD MENTAL HEALTH.

(c) The department shall coordinate with community-based organizations to ensure the effective implementation of the program and model of consultation established pursuant to Section 26-6.5-403, as well as support the availability of resources across the state to support the program and the mental health consultants in the program in their work.

(d) The department may promulgate rules for the design implementation, and operation of the program.

(2) The purpose of the program is to:

(a) Increase the number of qualified and appropriately trained mental health consultants throughout the state who will consult with professionals working with children across a diversity of settings, as well as other adults, including family members, who directly interact with and care for children;

(b) Support and provide guidance and training, through visits with mental health consultants in the program, to families, expecting families, caregivers, and providers across a diversity of settings in addressing the healthy social-emotional
DEVELOPMENTAL NEEDS OF CHILDREN AND FAMILIES DURING THE
Prenatal Period through Eight Years of Age;

(c) Develop a defined model of consultation that is
rooted in diversity, equity, and inclusion for the State pursuant
to Section 26-6.5-403 that includes qualifications and
competencies for mental health consultants, job expectations,
expected outcomes, and guidance on ratios between mental
health consultants in the program and the settings they
support;

(d) Develop and maintain a statewide professional
development plan pursuant to Section 26-6.5-404 that assists the
mental health consultants in meeting the expectations and
developing the competencies set forth in the model of
consultation established pursuant to Section 26-6.5-403; and

(e) Publish a list of mental health consultants who meet
the qualifications and competencies outlined in the program
designed and developed pursuant to this Part 4 and who
voluntarily agree to be included on the list pursuant to Section
26-6.5-405.

(3) Nothing in this Part 4 creates or expands the
regulatory authority of the Department over mental health
professionals who are not funded by appropriations made to the
Department for the program pursuant to this Part 4.

26-6.5-403. Model of early childhood mental health
consultation - standards and guidelines - qualifications. (1) On or
before July 1, 2021, the Department shall design and develop, in
consultation with the stakeholders listed in Section 26-6.5-402
(b), a model of consultation for the program that includes qualifications for mental health consultants, job expectations, expected outcomes, and guidance on ratios between mental health consultants and the settings they support, referred to in this section as "the model". The model must include standards and guidelines to ensure the program is implemented effectively, with primary consideration given to evidence-based services. The standards and guidelines must include:

(a) Clear qualifications for mental health consultants in the program, including, at a minimum, expertise in adult and child mental health theory, practice, and services; early childhood, child development, and family systems; knowledge of, and skills to address, circumstances that affect children's behavior and mental health; knowledge of developmental science and milestones; knowledge of a consultative model of practice; and available resources and services to children and families to alleviate family stress;

(b) Expectations for the placement of regional consultants that will most effectively meet local community need for mental health consultants in the program. The department shall periodically conduct an open and competitive selection process for the placement of any publicly funded mental health consultants in the program.

(c) Guidance concerning the scope of work that mental health consultants in the program may provide to professionals working with young children and families, including guidance on appropriate referrals, training, coaching, prevention, and
ANY OTHER APPROPRIATE SERVICES;

(d) METHODS TO INCREASE THE AVAILABILITY OF BILINGUAL OR
MULTILINGUAL MENTAL HEALTH CONSULTANTS IN THE PROGRAM AND
OTHERWISE ENSURE THE CULTURAL COMPETENCY OF MENTAL HEALTH
CONSULTANTS IN THE PROGRAM AND ENSURE THAT THE CONSULTANT
POPULATION REFLECTS AN ARRAY OF CHARACTERISTICS AND
BACKGROUNDS AND IS REFLECTIVE OF THE DIVERSITY OF THE PROVIDERS,
CHILDREN, AND FAMILIES BEING SERVED;

(e) GUIDANCE ON THE DIVERSE SETTINGS IN WHICH AND TYPES OF
PROVIDERS WITH WHOM MENTAL HEALTH CONSULTANTS IN THE PROGRAM
MAY WORK TO MEET THE VARIED NEEDS OF CHILDREN AND FAMILIES FROM
PREGNATAL THROUGH EIGHT YEARS OF AGE. THE MODEL MUST INCLUDE
PROVISIONS THAT ENSURE MENTAL HEALTH CONSULTANTS IN THE
PROGRAM MAY WORK WITH A DIVERSITY OF PROFESSIONALS AND
CAREGIVERS, INCLUDING BUT NOT LIMITED TO EARLY CHILD CARE AND
EDUCATION TEACHERS AND PROVIDERS, ELEMENTARY SCHOOL TEACHERS
AND ADMINISTRATORS, HOME VISITORS, CHILD WELFARE CASEWORKERS,
PUBLIC HEALTH PROFESSIONALS, AND HEALTH CARE PROFESSIONALS,
INCLUDING SETTINGS PROVIDING PRENATAL AND POSTPARTUM CARE.

(f) ANTICIPATED OUTCOMES THAT THE PROGRAM AND MENTAL
HEALTH CONSULTANTS IN THE PROGRAM SHOULD ACHIEVE, INCLUDING:

(I) PROMOTING SOCIAL-EMOTIONAL GROWTH AND DEVELOPMENT
OF CHILDREN;

(II) PROVIDING GUIDANCE TO PROFESSIONALS AND CAREGIVERS
TO EFFECTIVELY UNDERSTAND AND SUPPORT CHILDREN'S POSITIVE
BEHAVIOR AND DEVELOPMENT;

(III) UNDERSTANDING THE EFFECTS OF TRAUMA AND ADVERSITY,
INCLUDING OPPRESSION, PREJUDICE, DISCRIMINATION, RACISM, AND GENDER INEQUITY, ON THE DEVELOPING BRAIN TO ULTIMATELY REDUCE CHALLENGING BEHAVIORS AND INCREASE POSITIVE EARLY EXPERIENCES;

(IV) PROMOTING HIGH QUALITY INTERACTIONS AND RELATIONSHIPS BETWEEN CHILDREN AND ADULTS;

(V) SUPPORTING THE MENTAL HEALTH AND WELL-BEING OF ADULTS WHO CARE FOR CHILDREN;

(VI) CONNECTING AND REFERRING CHILDREN, FAMILIES, AND PROVIDERS TO PROGRAMS, RESOURCES, AND SUPPORTS THAT WILL ASSIST THEM IN THEIR DEVELOPMENT AND SUCCESS WHILE ADDRESSING BARRIERS TO ACCESSING SUCH RESOURCES AND SUPPORTS;

(VII) SUPPORTING EQUITABLE, INCLUSIVE OUTCOMES FOR THE DIVERSE PROVIDERS, CHILDREN, AND FAMILIES THROUGHOUT THE STATE; AND

(g) GUIDANCE ON APPROPRIATE RATIOS OF MENTAL HEALTH CONSULTANTS AND THE SETTINGS THEY SUPPORT, AS WELL AS CASELOAD EXPECTATIONS.

26-6.5-404. Statewide professional development plan for early childhood mental health consultants. (1) ON OR BEFORE JULY 1, 2021, THE DEPARTMENT SHALL DEVELOP A STATEWIDE PROFESSIONAL DEVELOPMENT PLAN TO SUPPORT MENTAL HEALTH CONSULTANTS IN THE PROGRAM IN MEETING THE EXPECTATIONS SET FORTH IN THE MODEL OF CONSULTATION DESCRIBED IN SECTION 26-6.5-403, REFERRED TO IN THIS SECTION AS "THE PLAN". IN DEVELOPING THE PLAN, THE DEPARTMENT SHALL WORK COLLABORATIVELY, TO THE EXTENT PRACTICABLE, WITH THE NATIONAL CENTER OF EXCELLENCE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION FUNDED BY THE UNITED STATES
DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE DEPARTMENT MAY IMPLEMENT THE PLAN IN PARTNERSHIP WITH NONPROFITS, INSTITUTIONS OF HIGHER EDUCATION, AND CREDENTIALING PROGRAMS FOCUSED ON INFANT AND EARLY CHILDHOOD MENTAL HEALTH.

(2) THE PLAN MUST INCLUDE, AT A MINIMUM, TRAINING RELATED TO:

(a) TRAUMA AND TRAUMA-INFORMED PRACTICES AND INTERVENTIONS;

(b) ADVERSE CHILDHOOD EXPERIENCES;

(c) SCIENCE OF RESILIENCE AND INTERVENTIONS TO PROMOTE RESILIENCE;

(d) CHILD DEVELOPMENT THROUGH EIGHT YEARS OF AGE;

(e) CAREGIVER SUBSTANCE USE AND EFFECTIVE FAMILY INTERVENTIONS;

(f) IMPACT OF INEQUITY AND BIAS ON CHILDREN, FAMILIES, CAREGIVERS, MENTAL HEALTH CONSULTANTS, AND PROVIDERS, AND STRATEGIES TO MITIGATE SUCH IMPACT;

(g) SENSORY PROCESSING ISSUES;

(h) NEEDS OF CHILDREN WITH DEVELOPMENTAL DELAYS AND DISABILITIES, INCLUDING CHILDREN BORN PREMATURELY OR WITH SPECIAL HEALTH CARE NEEDS, AND SPECIAL EDUCATION LAW;

(i) COLORADO'S CHILD PROTECTION AND FOSTER CARE SYSTEM;

(j) OCCUPATIONAL THERAPY, SPEECH THERAPY, PHYSICAL THERAPY, AND MENTAL HEALTH THERAPY;

(k) OTHER PUBLIC AND PRIVATE SUPPORTS AND SERVICES;

(l) EARLY CHILDHOOD SOCIAL-EMOTIONAL DEVELOPMENT AND FAMILY SYSTEMS;
(m) **EARLY CHILDHOOD MENTAL HEALTH DIAGNOSIS AND EFFECTIVE TREATMENT MODELS; AND**

(n) **CONSULTATION AS A MODEL OF ADULT LEARNING.**

(3) **THE PLAN MUST ALSO:**

(a) **ALLOW MENTAL HEALTH CONSULTANTS IN THE PROGRAM TO ACCESS REGIONALLY APPROPRIATE AND CULTURALLY RESPONSIVE PROGRAMS TO BEST LINK THEM TO THE CHILDREN AND FAMILIES IN THEIR COMMUNITIES AND THEIR UNIQUE NEEDS;**

(b) **INCLUDE STRATEGIES FOR MENTAL HEALTH CONSULTANTS IN THE PROGRAM TO ESTABLISH INDIVIDUALIZED COACHING AS REQUESTED BY TEACHERS, CAREGIVERS, AND FAMILIES; AND**

(c) **PROVIDE OPPORTUNITIES FOR REGULAR SUPPORT MEETINGS BETWEEN MENTAL HEALTH CONSULTANTS IN THE PROGRAM, SUPERVISORS, INCLUDING REFLECTIVE SUPERVISORS, AND PEER MENTAL HEALTH CONSULTANTS. THE SUPPORT MEETINGS MUST INCLUDE REFLECTIONS ON THE PRACTICE IMPACT OF ATTITUDES AND VALUES.**

26-6.5-405. **Statewide qualifications and competencies for early childhood mental health consultants - published list.** **THE DEPARTMENT SHALL ENSURE THAT EACH MENTAL HEALTH CONSULTANT FUNDED THROUGH THE PROGRAM MEETS THE QUALIFICATIONS AND COMPETENCIES OUTLINED IN THE PROGRAM AS DESIGNED AND DEVELOPED PURSUANT TO THIS PART 4. THE DEPARTMENT SHALL PUBLISH, ON A PUBLICLY ACCESSIBLE WEBSITE, A LIST OF MENTAL HEALTH CONSULTANTS WHO MEET SUCH QUALIFICATIONS AND COMPETENCIES AND WHO HAVE VOLUNTARILY AGREED TO BE ON SUCH LIST.**

26-6.5-406. **Data collection - reporting.** (1) **ON OR BEFORE JULY 1, 2022, THE DEPARTMENT SHALL DEVELOP A STATEWIDE DATA**
COLLECTION AND INFORMATION SYSTEM TO ANALYZE IMPLEMENTATION DATA AND SELECTED OUTCOMES TO IDENTIFY AREAS FOR IMPROVEMENT, PROMOTE ACCOUNTABILITY, AND PROVIDE INSIGHTS TO CONTINUALLY IMPROVE CHILD AND PROGRAM OUTCOMES. THE DATA COLLECTION AND INFORMATION SYSTEM, AND ANY RELATED PROCESSES, MUST PLACE THE LEAST BURDEN POSSIBLE ON THE MENTAL HEALTH CONSULTANTS IN THE PROGRAM. IN SELECTING THE IMPLEMENTATION DATA AND OUTCOMES, THE DEPARTMENT SHALL INCORPORATE THE VARIABILITY ACROSS DIVERSE SETTINGS AND POPULATIONS.

(2) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE DEPARTMENT SHALL, BEGINNING IN 2022 AND CONTINUING EVERY TWO YEARS THEREAFTER, IN ITS PRESENTATION TO THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY, AS WELL AS ITS PRESENTATION TO ITS COMMITTEE OF REFERENCE AT A HEARING HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" IN JANUARY 2026, REPORT ON THE FOLLOWING ISSUES:

(a) A GAP ANALYSIS OF THE AVAILABLE NUMBER OF MENTAL HEALTH CONSULTANTS AND THE UNMET NEED IN THE TYPE OF SETTINGS IN WHICH MENTAL HEALTH CONSULTANTS PRACTICE IN ACCORDANCE WITH THIS PROGRAM; AND

(b) IDENTIFIED ADJUSTMENTS TO BETTER MEET MENTAL HEALTH CONSULTANT CASELOAD, WITH THE DEPARTMENT IDENTIFYING A TARGET NUMBER OF NEEDED CONSULTANTS IN THE PROGRAM.

(3) ON OR BEFORE AUGUST 1, 2025, THE DEPARTMENT SHALL CONTRACT WITH AN INDEPENDENT THIRD PARTY TO CONDUCT AN
EVALUATION, USING STANDARD EVALUATION MEASURES, OF THE
PROGRAM AND ITS IMPACT ON EARLY CHILDHOOD AND PROGRAM
OUTCOMES ACROSS THE STATE. THE DEPARTMENT SHALL PRESENT THE
RESULTS OF THE EVALUATION AS PART OF ITS PRESENTATION TO ITS
COMMITTEE OF REFERENCE AT A HEARING HELD PURSUANT TO SECTION
2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE,
RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" IN
JANUARY 2026.

26-6.5-407. Funding support. The department of human
services and the department of health care policy and financing
shall explore funding options for the program and generally
improving access to mental health consultants, including
accessing various funding sources, as well as the children's
basic health plan, as defined in article 8 of title 25.5, and
medicaid. The two departments shall report, on or before
January 1, 2022, on any such options to the joint budget
committee of the general assembly as necessary thereafter, in
accordance with the provisions of section 24-1-136.

SECTION 2. Act subject to petition - effective date. This act
takes effect at 12:01 a.m. on the day following the expiration of the
ninety-day period after final adjournment of the general assembly
(August 5, 2020, if adjournment sine die is on May 6, 2020); except that,
if a referendum petition is filed pursuant to section 1 (3) of article V of
the state constitution against this act or an item, section, or part of this act
within such period, then the act, item, section, or part will not take effect
unless approved by the people at the general election to be held in
November 2020 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.