Committee on Appropriations.

After consideration on the merits, the Committee recommends the following:

HB20-1053 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

Strike the Education Committee Report, dated February 4, 2020, and substitute the following:

"Amend printed bill, strike everything below the enacting clause and substitute:

"SECTION 1. In Colorado Revised Statutes, 26-6-106, add (7) as follows:

26-6-106. Standards for facilities and agencies - rules. (7) The state board shall promulgate rules concerning standards for licensing early care and education programs that facilitate the recruitment and retention of Colorado's early childhood educator workforce as described in section 26-6-122.

SECTION 2. In Colorado Revised Statutes, add 26-6-122 as follows:

26-6-122. Pathways to the classroom and retention strategies for early childhood educators - standards - alignment across agencies - report - rules. (1) The state board shall promulgate rules establishing standards for licensing that allow an early care and education program to be licensed for a period of time determined by the state board if a state-board-approved number of aspiring early childhood educators in the program are pursuing a state-agency-approved early childhood credential and other quality, safety, and supervision conditions are met.

(2) The state board shall promulgate rules that allow an
EARLY CHILDHOOD EDUCATOR TO EARN POINTS TOWARD AN EARLY CHILDHOOD CREDENTIAL THAT MEETS CHILD CARE LICENSING STANDARDS BASED ON THE CANDIDATE’S PRIOR EXPERIENCE AND DEMONSTRATED COMPETENCY. THE LICENSING PATHWAY MUST ALSO INCLUDE WAYS IN WHICH A CANDIDATE IN A SECOND CAREER OR CHANGING CAREERS CAN EARN POINTS OR CREDITS FOR PRIOR EXPERIENCE AND COMPETENCIES THAT APPLY TOWARD THE QUALIFICATIONS FOR AN EARLY CHILDHOOD EDUCATOR CREDENTIAL. THE STANDARDS AND CREDENTIAL AWARDING PROCESS MAY USE VALIDATED TOOLS TO AWARD POINTS FOR DEMONSTRATED COMPETENCIES.

(3) THE STATE DEPARTMENT AND THE DEPARTMENT OF EDUCATION SHALL ALIGN, TO THE EXTENT POSSIBLE, THE STATE’S EARLY CHILDHOOD PROFESSIONAL CREDENTIAL, DEPARTMENT OF EDUCATION EDUCATOR LICENSING, AND CHILD CARE PROGRAM LICENSING IN ORDER TO MAKE THE REQUIREMENTS AS CONSISTENT AND CLEAR AS POSSIBLE TO EDUCATORS AND PROVIDERS. THE ALIGNMENT PROCESS MUST INCLUDE EXAMINING STRATEGIES THAT SUPPORT RECIPROCITY FOR EARLY CHILDHOOD EDUCATOR CREDENTIALS OR QUALIFICATIONS EARNED OUTSIDE OF COLORADO.

(4) THE STATE DEPARTMENT AND THE DEPARTMENT OF EDUCATION SHALL STREAMLINE ALL PAPERWORK THAT LICENSED EARLY CARE AND EDUCATION PROGRAMS AND EARLY CHILDHOOD EDUCATORS MUST COMPLETE TO MEET CHILD CARE LICENSING AND EARLY CHILDHOOD EDUCATOR CREDENTIALING COMPLIANCE REQUIREMENTS. THE STATE AGENCIES SHALL IDENTIFY WAYS TO SHARE INFORMATION AND REPORTS ACROSS THE AGENCIES IN ORDER TO REDUCE THE ADMINISTRATIVE AND PAPERWORK BURDEN ON EARLY CARE AND EDUCATION PROGRAMS AND EDUCATORS. THE STREAMLINING PROCESS MUST INCLUDE A SYSTEMS SCAN OF PROGRAMS AND INITIATIVES, IDENTIFICATION OF OVERLAPPING REPORTING REQUIREMENTS, AND WAYS TO REDUCE THE ADMINISTRATIVE AND PAPERWORK BURDEN ON PROGRAMS AND EDUCATORS.

(5) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), NO LATER THAN JANUARY 31, 2022, AND NO LATER THAN JANUARY 31 EACH YEAR THEREAFTER, THE STATE DEPARTMENT SHALL PREPARE A WRITTEN REPORT CONCERNING COLORADO’S CURRENT SUPPLY OF QUALIFIED EARLY CHILDHOOD EDUCATORS.

(6) THE STATE DEPARTMENT, THE DEPARTMENT OF HIGHER EDUCATION, AND THE DEPARTMENT OF EDUCATION SHALL DEVELOP RESOURCES TO SUPPORT LOCAL COMMUNITIES TO INCREASE CONCURRENT ENROLLMENT OPPORTUNITIES FOR HIGH SCHOOL STUDENTS OR OTHER NONTRADITIONAL STUDENTS TO EARN HIGHER EDUCATION CREDITS AND
DEGREES THAT ALLOW THEM TO SERVE AS EARLY CHILDHOOD EDUCATORS
AND SHALL SUPPORT CAREER PATHWAYS FOR HIGH SCHOOL STUDENTS
EARNING COLLEGE CREDITS TOWARD BECOMING EARLY CHILDHOOD
EDUCATORS, INCLUDING CONCURRENT ENROLLMENT, CAREER AND
TECHNICAL EDUCATION, THE ASCENT PROGRAM, AND OTHER CAREER
PATHWAYS.

SECTION 3. In Colorado Revised Statutes, 26-6.5-106, amend
(6)(b) and (8)(a); and add (4.5) as follows:

26-6.5-106. School-readiness quality improvement program -
created - Colorado shines quality rating and improvement system -
rules. (4.5) State assistance (a) The state department may provide
technical assistance and financial incentives to:

(I) Programs that are rated in the Colorado shines system
at a level one or two to support the programs in advancing to a
level three or higher quality level; and

(II) Programs that are rated in the Colorado shines
system at a level three, four, or five to support the programs in
maintaining a high-quality level or advancing to a higher
quality level.

(b) The early childhood council may support the state
department with the assistance described in subsection (4.5)(a)
of this section by providing local community outreach and
engagement strategies.

(6) School-readiness plans. Each early childhood council seeking
to apply for school-readiness quality improvement funding pursuant to
this section shall prepare and submit to the state department a three-year
school-readiness plan that outlines strategies to improve the school
readiness of children. The school-readiness plan, at a minimum, must
include:

(b) A plan that describes how the early childhood council will
target and recruit programs that are rated in the Colorado shines system
at a level two or higher, or that are licensed programs with a
demonstrated hardship that are actively working toward achieving a
Colorado shines system level two rating. The early childhood council
must target and recruit programs to increase the access and availability of
quality child care for children participating in the Colorado child care
assistance program, created in part 8 of article 2 of this title 26. If the
early childhood council received school-readiness quality
improvement funding prior to the 2020-21 fiscal year, the early
childhood council shall amend the three-year school readiness
plan to comply with the requirements of this section.
(8) **Funding.** (a) The school-readiness quality improvement program shall be funded using federal child care development fund money or other federal or state money annually appropriated for the program. The state department shall allocate the money to the eligible early childhood councils for distribution to early childhood education programs, as provided in this section.

**SECTION 4.** 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.

(2) "MENTAL HEALTH CONSULTANT" means an early childhood mental health consultant who is funded by appropriations allocated or awarded to the department for the program and who meets the qualifications outlined in the program designed and developed pursuant to this part 4.

(3) "PROGRAM" means the statewide voluntary program of early childhood mental health consultation designed, implemented, and operated by the department pursuant to this part 4.

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 of early childhood mental health consultation 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; AND

(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;

(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, 2022, THE DEPARTMENT SHALL DESIGN AND DEVELOP, IN
CONSULTATION WITH THE STAKEHOLDERS LISTED IN SECTION 26-6.5-402
(1)(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;

c) 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
PRENATAL THROUGH EIGHT YEARS OF AGE. THE MODEL MUST INCLUDE
PROVISIONS THAT ENSURE THAT 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;

(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, 2022, 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) The 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) The 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. 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.

SECTION 5. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.