

**Second Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 20-0360.01 Jane Ritter x4342

HOUSE BILL 20-1006

HOUSE SPONSORSHIP

McCluskie and Sirota,

SENATE SPONSORSHIP

Pettersen and Story,

House Committees

Public Health Care & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING CREATION OF A STATEWIDE PROGRAM OF EARLY**
102 **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

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

designed to:

- ! Increase the number of qualified and appropriately trained early childhood mental health consultants (mental health consultants) for on-site consultations; and
- ! 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:

- ! 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.
- ! Professional development plan for mental health consultants;
- ! Certification process for mental health consultants; and
- ! 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.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** part 4 to article
3 6.5 of title 26 as follows:

4 **PART 4**

5 **EARLY CHILDHOOD MENTAL**

6 **HEALTH CONSULTATION PROGRAM**

7 **26-6.5-401. Definitions.** AS USED IN THIS PART 4, UNLESS THE
8 CONTEXT OTHERWISE REQUIRES:

9 (1) "DEPARTMENT" MEANS THE STATE DEPARTMENT OF HUMAN
10 SERVICES.

1 (2) "MENTAL HEALTH CONSULTANT" MEANS AN EARLY CHILDHOOD
2 MENTAL HEALTH CONSULTANT WHO IS FUNDED BY APPROPRIATIONS
3 ALLOCATED OR AWARDED TO THE DEPARTMENT FOR THE PROGRAM AND
4 WHO MEETS THE QUALIFICATIONS OUTLINED IN THE PROGRAM DESIGNED
5 AND DEVELOPED PURSUANT TO THIS PART 4.

6 (3) "PROGRAM" MEANS THE STATEWIDE PROGRAM OF EARLY
7 CHILDHOOD MENTAL HEALTH CONSULTATION DESIGNED, IMPLEMENTED,
8 AND OPERATED BY THE DEPARTMENT PURSUANT TO THIS PART 4.

9 **26-6.5-402. Early childhood mental health consultation -**
10 **statewide program - creation - purpose - rules.** (1) (a) ON OR BEFORE
11 JULY 1, 2022, THE DEPARTMENT SHALL DESIGN, IMPLEMENT, AND OPERATE
12 THE STATEWIDE VOLUNTARY PROGRAM FOR MENTAL HEALTH
13 CONSULTANTS TO EXPAND AND ENHANCE CURRENT PRACTICES ACROSS
14 THE STATE. THE DEPARTMENT, THROUGH THE PROGRAM, SHALL SUPPORT
15 MENTAL HEALTH IN A VARIETY OF SETTINGS, INCLUDING BUT NOT LIMITED
16 TO EARLY CHILD CARE AND LEARNING, ELEMENTARY SCHOOLS, HOME
17 VISITATION, CHILD WELFARE, PUBLIC HEALTH, AND HEALTH CARE,
18 INCLUDING SETTINGS PROVIDING PRENATAL AND POSTPARTUM CARE.

19 (b) IN DESIGNING AND DEVELOPING THE PROGRAM, THE
20 DEPARTMENT SHALL WORK IN CONSULTATION WITH THE NATIONAL CENTER
21 OF EXCELLENCE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH
22 CONSULTATION FUNDED BY THE UNITED STATES DEPARTMENT OF HEALTH
23 AND HUMAN SERVICES; NATIONALLY RECOGNIZED ENTITIES THAT SUPPORT
24 IMPLEMENTATION OF SUSTAINABLE SYSTEMS OR PROGRAMS THAT FOCUS
25 ON PROMOTING THE SOCIAL, EMOTIONAL, AND BEHAVIORAL OUTCOMES OF
26 YOUNG CHILDREN; AND KEY STAKEHOLDERS IN THE STATE, INCLUDING
27 MENTAL HEALTH PROFESSIONALS, NONPROFIT ORGANIZATIONS WITH

1 EXPERTISE IN MENTAL HEALTH, ORGANIZATIONS REPRESENTING PARENTS
2 OF CHILDREN WHO WOULD BENEFIT FROM EARLY CHILDHOOD MENTAL
3 HEALTH CONSULTATION, HOSPITALS AND OTHER HEALTH CARE PROVIDER
4 ORGANIZATIONS WITH EXPERTISE WORKING WITH CHILDREN FACING
5 BEHAVIORAL HEALTH AND OTHER CHALLENGES TO OPTIMAL GROWTH AND
6 DEVELOPMENT, EARLY CHILD CARE AND EDUCATION PROVIDERS, AND
7 CLINICIANS WITH EXPERTISE IN INFANT AND EARLY CHILDHOOD MENTAL
8 HEALTH.

9 (c) THE DEPARTMENT SHALL COORDINATE WITH
10 COMMUNITY-BASED ORGANIZATIONS TO ENSURE THE EFFECTIVE
11 IMPLEMENTATION OF THE PROGRAM AND MODEL OF CONSULTATION
12 ESTABLISHED PURSUANT TO SECTION 26-6.5-403, AS WELL AS SUPPORT
13 THE AVAILABILITY OF RESOURCES ACROSS THE STATE TO SUPPORT THE
14 PROGRAM AND THE MENTAL HEALTH CONSULTANTS IN THE PROGRAM IN
15 THEIR WORK.

16 (d) THE DEPARTMENT MAY PROMULGATE RULES FOR THE DESIGN
17 IMPLEMENTATION, AND OPERATION OF THE PROGRAM.

18 (2) THE PURPOSE OF THE PROGRAM IS TO:

19 (a) INCREASE THE NUMBER OF QUALIFIED AND APPROPRIATELY
20 TRAINED MENTAL HEALTH CONSULTANTS THROUGHOUT THE STATE WHO
21 WILL CONSULT WITH PROFESSIONALS WORKING WITH CHILDREN ACROSS A
22 DIVERSITY OF SETTINGS, AS WELL AS OTHER ADULTS, INCLUDING FAMILY
23 MEMBERS, WHO DIRECTLY INTERACT WITH AND CARE FOR CHILDREN;

24 (b) SUPPORT AND PROVIDE GUIDANCE AND TRAINING, THROUGH
25 VISITS WITH MENTAL HEALTH CONSULTANTS IN THE PROGRAM, TO
26 FAMILIES, EXPECTING FAMILIES, CAREGIVERS, AND PROVIDERS ACROSS A
27 DIVERSITY OF SETTINGS IN ADDRESSING THE HEALTHY SOCIAL-EMOTIONAL

1 DEVELOPMENTAL NEEDS OF CHILDREN AND FAMILIES DURING THE
2 PRENATAL PERIOD THROUGH EIGHT YEARS OF AGE;

3 (c) DEVELOP A DEFINED MODEL OF CONSULTATION THAT IS
4 ROOTED IN DIVERSITY, EQUITY, AND INCLUSION FOR THE STATE PURSUANT
5 TO SECTION 26-6.5-403 THAT INCLUDES QUALIFICATIONS AND
6 COMPETENCIES FOR MENTAL HEALTH CONSULTANTS, JOB EXPECTATIONS,
7 EXPECTED OUTCOMES, AND GUIDANCE ON RATIOS BETWEEN MENTAL
8 HEALTH CONSULTANTS IN THE PROGRAM AND THE SETTINGS THEY
9 SUPPORT;

10 (d) DEVELOP AND MAINTAIN A STATEWIDE PROFESSIONAL
11 DEVELOPMENT PLAN PURSUANT TO SECTION 26-6.5-404 THAT ASSISTS THE
12 MENTAL HEALTH CONSULTANTS IN MEETING THE EXPECTATIONS AND
13 DEVELOPING THE COMPETENCIES SET FORTH IN THE MODEL OF
14 CONSULTATION ESTABLISHED PURSUANT TO SECTION 26-6.5-403; AND

15 (e) PUBLISH A LIST OF MENTAL HEALTH CONSULTANTS WHO MEET
16 THE QUALIFICATIONS AND COMPETENCIES OUTLINED IN THE PROGRAM
17 DESIGNED AND DEVELOPED PURSUANT TO THIS PART 4 AND WHO
18 VOLUNTARILY AGREE TO BE INCLUDED ON THE LIST PURSUANT TO SECTION
19 26-6.5-405.

20 (3) NOTHING IN THIS PART 4 CREATES OR EXPANDS THE
21 REGULATORY AUTHORITY OF THE DEPARTMENT OVER MENTAL HEALTH
22 PROFESSIONALS WHO ARE NOT FUNDED BY APPROPRIATIONS MADE TO THE
23 DEPARTMENT FOR THE PROGRAM PURSUANT TO THIS PART 4.

24 **26-6.5-403. Model of early childhood mental health**
25 **consultation - standards and guidelines - qualifications.** (1) ON OR
26 BEFORE JULY 1, 2021, THE DEPARTMENT SHALL DESIGN AND DEVELOP, IN
27 CONSULTATION WITH THE STAKEHOLDERS LISTED IN SECTION 26-6.5-402

1 (1)(b), A MODEL OF CONSULTATION FOR THE PROGRAM THAT INCLUDES
2 QUALIFICATIONS FOR MENTAL HEALTH CONSULTANTS, JOB EXPECTATIONS,
3 EXPECTED OUTCOMES, AND GUIDANCE ON RATIOS BETWEEN MENTAL
4 HEALTH CONSULTANTS AND THE SETTINGS THEY SUPPORT, REFERRED TO
5 IN THIS SECTION AS "THE MODEL". THE MODEL MUST INCLUDE STANDARDS
6 AND GUIDELINES TO ENSURE THE PROGRAM IS IMPLEMENTED EFFECTIVELY,
7 WITH PRIMARY CONSIDERATION GIVEN TO EVIDENCE-BASED SERVICES. THE
8 STANDARDS AND GUIDELINES MUST INCLUDE:

9 (a) CLEAR QUALIFICATIONS FOR MENTAL HEALTH CONSULTANTS
10 IN THE PROGRAM, INCLUDING, AT A MINIMUM, EXPERTISE IN ADULT AND
11 CHILD MENTAL HEALTH THEORY, PRACTICE, AND SERVICES; EARLY
12 CHILDHOOD, CHILD DEVELOPMENT, AND FAMILY SYSTEMS; KNOWLEDGE
13 OF, AND SKILLS TO ADDRESS, CIRCUMSTANCES THAT AFFECT CHILDREN'S
14 BEHAVIOR AND MENTAL HEALTH; KNOWLEDGE OF DEVELOPMENTAL
15 SCIENCE AND MILESTONES; KNOWLEDGE OF A CONSULTATIVE MODEL OF
16 PRACTICE; AND AVAILABLE RESOURCES AND SERVICES TO CHILDREN AND
17 FAMILIES TO ALLEVIATE FAMILY STRESS;

18 (b) EXPECTATIONS FOR THE PLACEMENT OF REGIONAL
19 CONSULTANTS THAT WILL MOST EFFECTIVELY MEET LOCAL COMMUNITY
20 NEED FOR MENTAL HEALTH CONSULTANTS IN THE PROGRAM. THE
21 DEPARTMENT SHALL PERIODICALLY CONDUCT AN OPEN AND
22 COMPETITIVE SELECTION PROCESS FOR THE PLACEMENT OF ANY PUBLICLY
23 FUNDED MENTAL HEALTH CONSULTANTS IN THE PROGRAM.

24 (c) GUIDANCE CONCERNING THE SCOPE OF WORK THAT MENTAL
25 HEALTH CONSULTANTS IN THE PROGRAM MAY PROVIDE TO PROFESSIONALS
26 WORKING WITH YOUNG CHILDREN AND FAMILIES, INCLUDING GUIDANCE
27 ON APPROPRIATE REFERRALS, TRAINING, COACHING, PREVENTION, AND

1 ANY OTHER APPROPRIATE SERVICES;

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

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

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

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

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

27 (III) UNDERSTANDING THE EFFECTS OF TRAUMA AND ADVERSITY,

1 INCLUDING OPPRESSION, PREJUDICE, DISCRIMINATION, RACISM, AND
2 GENDER INEQUITY, ON THE DEVELOPING BRAIN TO ULTIMATELY REDUCE
3 CHALLENGING BEHAVIORS AND INCREASE POSITIVE EARLY EXPERIENCES;

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

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

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

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

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

18 **26-6.5-404. Statewide professional development plan for early**
19 **childhood mental health consultants.** (1) ON OR BEFORE JULY 1, 2021,
20 THE DEPARTMENT SHALL DEVELOP A STATEWIDE PROFESSIONAL
21 DEVELOPMENT PLAN TO SUPPORT MENTAL HEALTH CONSULTANTS IN THE
22 PROGRAM IN MEETING THE EXPECTATIONS SET FORTH IN THE MODEL OF
23 CONSULTATION DESCRIBED IN SECTION 26-6.5-403, REFERRED TO IN THIS
24 SECTION AS "THE PLAN". IN DEVELOPING THE PLAN, THE DEPARTMENT
25 SHALL WORK COLLABORATIVELY, TO THE EXTENT PRACTICABLE, WITH THE
26 NATIONAL CENTER OF EXCELLENCE FOR INFANT AND EARLY CHILDHOOD
27 MENTAL HEALTH CONSULTATION FUNDED BY THE UNITED STATES

1 DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE DEPARTMENT MAY
2 IMPLEMENT THE PLAN IN PARTNERSHIP WITH NONPROFITS, INSTITUTIONS
3 OF HIGHER EDUCATION, AND CREDENTIALING PROGRAMS FOCUSED ON
4 INFANT AND EARLY CHILDHOOD MENTAL HEALTH.

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

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

9 (b) ADVERSE CHILDHOOD EXPERIENCES;

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

12 (d) CHILD DEVELOPMENT THROUGH EIGHT YEARS OF AGE;

13 (e) CAREGIVER SUBSTANCE USE AND EFFECTIVE FAMILY
14 INTERVENTIONS;

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

18 (g) SENSORY PROCESSING ISSUES;

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

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

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

25 (k) OTHER PUBLIC AND PRIVATE SUPPORTS AND SERVICES;

26 (l) EARLY CHILDHOOD SOCIAL-EMOTIONAL DEVELOPMENT AND
27 FAMILY SYSTEMS;

1 (m) EARLY CHILDHOOD MENTAL HEALTH DIAGNOSIS AND
2 EFFECTIVE TREATMENT MODELS; AND

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

4 (3) THE PLAN MUST ALSO:

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

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

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

17 **26-6.5-405. Statewide qualifications and competencies for**
18 **early childhood mental health consultants - published list.** THE
19 DEPARTMENT SHALL ENSURE THAT EACH MENTAL HEALTH CONSULTANT
20 FUNDED THROUGH THE PROGRAM MEETS THE QUALIFICATIONS AND
21 COMPETENCIES OUTLINED IN THE PROGRAM AS DESIGNED AND DEVELOPED
22 PURSUANT TO THIS PART 4. THE DEPARTMENT SHALL PUBLISH, ON A
23 PUBLICLY ACCESSIBLE WEBSITE, A LIST OF MENTAL HEALTH CONSULTANTS
24 WHO MEET SUCH QUALIFICATIONS AND COMPETENCIES AND WHO HAVE
25 VOLUNTARILY AGREED TO BE ON SUCH LIST.

26 **26-6.5-406. Data collection - reporting.** (1) ON OR BEFORE JULY
27 1, 2022, THE DEPARTMENT SHALL DEVELOP A STATEWIDE DATA

1 COLLECTION AND INFORMATION SYSTEM TO ANALYZE IMPLEMENTATION
2 DATA AND SELECTED OUTCOMES TO IDENTIFY AREAS FOR IMPROVEMENT,
3 PROMOTE ACCOUNTABILITY, AND PROVIDE INSIGHTS TO CONTINUALLY
4 IMPROVE CHILD AND PROGRAM OUTCOMES. THE DATA COLLECTION AND
5 INFORMATION SYSTEM, AND ANY RELATED PROCESSES, MUST PLACE THE
6 LEAST BURDEN POSSIBLE ON THE MENTAL HEALTH CONSULTANTS IN THE
7 PROGRAM. IN SELECTING THE IMPLEMENTATION DATA AND OUTCOMES,
8 THE DEPARTMENT SHALL INCORPORATE THE VARIABILITY ACROSS DIVERSE
9 SETTINGS AND POPULATIONS.

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

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

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

26 (3) ON OR BEFORE AUGUST 1, 2025, THE DEPARTMENT SHALL
27 CONTRACT WITH AN INDEPENDENT THIRD PARTY TO CONDUCT AN

1 EVALUATION, USING STANDARD EVALUATION MEASURES, OF THE
2 PROGRAM AND ITS IMPACT ON EARLY CHILDHOOD AND PROGRAM
3 OUTCOMES ACROSS THE STATE. THE DEPARTMENT SHALL PRESENT THE
4 RESULTS OF THE EVALUATION AS PART OF ITS PRESENTATION TO ITS
5 COMMITTEE OF REFERENCE AT A HEARING HELD PURSUANT TO SECTION
6 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE,
7 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" IN
8 JANUARY 2026.

9 **26-6.5-407. Funding support.** THE DEPARTMENT OF HUMAN
10 SERVICES AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
11 SHALL EXPLORE FUNDING OPTIONS FOR THE PROGRAM AND GENERALLY
12 IMPROVING ACCESS TO MENTAL HEALTH CONSULTANTS, INCLUDING
13 ACCESSING VARIOUS FUNDING SOURCES, AS WELL AS THE CHILDREN'S
14 BASIC HEALTH PLAN, AS DEFINED IN ARTICLE 8 OF TITLE 25.5, AND
15 MEDICAID. THE TWO DEPARTMENTS SHALL REPORT, ON OR BEFORE
16 JANUARY 1, 2022, ON ANY SUCH OPTIONS TO THE JOINT BUDGET
17 COMMITTEE OF THE GENERAL ASSEMBLY AS NECESSARY THEREAFTER, IN
18 ACCORDANCE WITH THE PROVISIONS OF SECTION 24-1-136.

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

- 1 November 2020 and, in such case, will take effect on the date of the
- 2 official declaration of the vote thereon by the governor.