HOUSE BILL 20-1053

BY REPRESENTATIVE(S) Sirota and Wilson, McCluskie, Arndt, Bird, Buckner, Buentello, Caraveo, Champion, Coleman, Cutter, Duran, Esgar, Garnett, Gonzales-Gutierrez, Gray, Herod, Jackson, Jaquez Lewis, Kipp, Michaelson Jenet, Mullis, Snyder, Titone, Valdez A., Valdez D., Woodrow, Young;
also SENATOR(S) Story and Pettersen, Bridges, Crowder, Danielson, Donovan, Fenberg, Fields, Ginal, Hansen, Lee, Moreno, Rodriguez, Todd, Williams A., Winter, Garcia.

AN ACT

CONCERNING MEASURES TO SUPPORT THE EARLY CHILDHOOD EDUCATOR WORKFORCE.

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

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

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.
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 AWARDS 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;

(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 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; 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, 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.

Approved: July 8, 2020