Second Regular Session Seventy-second General Assembly STATE OF COLORADO

REREVISED

This Version Includes All Amendments Adopted in the Second House

LLS NO. 20-0357.01 Brita Darling x2241

HOUSE BILL 20-1053

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A BILL FOR AN ACT

101 CONCERNING MEASURES TO SUPPORT THE EARLY CHILDHOOD EDUCATOR WORKFORCE.

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 state board of human services (state board) in the department of human services (DHS) to establish licensing standards that will allow an early care and education program to be licensed for a period of time determined by the state board if one or more early childhood educators have pursued DHS-approved early childhood

SENATE
3rd Reading Unamended

SENATE 2nd Reading Unamended June 10, 2020

> HOUSE 3rd Reading Unamended June 9, 2020

HOUSE Amended 2nd Reading June 8, 2020

Shading denotes HOUSE amendment. <u>Double underlining denotes SENATE amendment.</u>

Capital letters or bold & italic numbers indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

credentials but have not yet completed the credential and other state-board-determined quality, safety, and supervision conditions are met.

The state board shall also promulgate rules allowing an early childhood educator to earn points toward an early childhood credential based on the candidate's prior experience and demonstrated competency.

The bill directs DHS and the department of education (CDE) to streamline and align the early childhood professional credential, child care program licensing, and educator licensing to make requirements clear and consistent and to reduce the administrative burden and paperwork burden relating to credentialing and licensing of early childhood educators.

The bill directs DHS to analyze and prepare a written report every 2 years on the gap between Colorado's current supply of early childhood educators and the current and future need for early childhood educators in the state. The report will be posted on DHS's website.

The bill directs DHS and CDE to direct resources to support concurrent enrollment opportunities and career pathways for high school students and other nontraditional students interested in earning college credit toward becoming an early childhood educator.

The bill creates the early care and education recruitment and retention grant and scholarship program in DHS (grant and scholarship program). DHS shall administer the program directly or by contract. The state board shall establish an application process for the grant and scholarship program, and DHS shall award grants and scholarships to eligible individuals or entities for the purposes of increasing the number of individuals qualified as early childhood educators to teach in a program serving children 5 years of age or younger and to retain early childhood educators teaching in those programs.

Individuals and entities eligible for a grant or scholarship include individuals pursuing a career in early childhood education, nonprofit entities that administer scholarship programs aligned with the purposes of the grant and scholarship program, licensed early care and education programs, and institutions of higher education that administer scholarship programs aligned with the purposes of the grant and scholarship program.

The bill includes a list of eligible expenditures of the grant or scholarship money, including, among others, payment of tuition and other expenses for courses that lead to a degree or credential as an early childhood educator or a higher degree or qualification that results in retention of an educator; payment for the costs of coaching, mentoring, professional development, and other costs and programs that lead to credentialing; payments to licensed providers; and money for programs, schools, and institutions of higher education to establish "grow-your-own" programs to support individuals completing qualifications to become early childhood educators.

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The bill creates a fund for the grant and scholarship program and requires DHS to report on the grant and scholarship program at least every 2 years and post the report on its website.

The bill creates the early childhood educator apprenticeship program (apprenticeship program) in the division of employment and training (division) in the department of labor and employment (CDLE). The division shall administer the apprenticeship program. The executive director of CDLE shall establish program standards relating to eligibility criteria for local entities, including workforce development programs, nonprofit organizations, institutions of higher education, and early childhood councils, to receive money to support existing apprenticeship programs and to implement new apprenticeship programs for early childhood educators. The bill includes the approved uses of funding provided through the apprenticeship program. The bill creates a fund for the apprenticeship program.

1 Be it enacted by the General Assembly of the State of Colorado: 2 **SECTION 1.** In Colorado Revised Statutes, 26-6-106, **add** (7) as 3 follows: 4 **26-6-106.** Standards for facilities and agencies - rules. (7) THE 5 STATE BOARD SHALL PROMULGATE RULES CONCERNING STANDARDS FOR 6 LICENSING EARLY CARE AND EDUCATION PROGRAMS THAT FACILITATE THE 7 RECRUITMENT AND RETENTION OF COLORADO'S EARLY CHILDHOOD 8 EDUCATOR WORKFORCE AS DESCRIBED IN SECTION 26-6-122. 9 **SECTION 2.** In Colorado Revised Statutes, add 26-6-122 as 10 follows: 11 26-6-122. Pathways to the classroom and retention strategies 12 for early childhood educators - standards - alignment across agencies 13 - report - rules. (1) THE STATE BOARD SHALL PROMULGATE RULES 14 ESTABLISHING STANDARDS FOR LICENSING THAT ALLOW AN EARLY CARE 15 AND EDUCATION PROGRAM TO BE LICENSED FOR A PERIOD OF TIME 16 DETERMINED BY THE STATE BOARD IF A STATE-BOARD-APPROVED NUMBER 17 OF ASPIRING EARLY CHILDHOOD EDUCATORS IN THE PROGRAM ARE

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1	PURSUING A STATE-AGENCY-APPROVED EARLY CHILDHOOD CREDENTIAL
2	AND OTHER QUALITY, SAFETY, AND SUPERVISION CONDITIONS ARE MET.
3	(2) THE STATE BOARD SHALL PROMULGATE RULES THAT ALLOW AN
4	EARLY CHILDHOOD EDUCATOR TO EARN POINTS TOWARD AN EARLY
5	CHILDHOOD CREDENTIAL THAT MEETS CHILD CARE LICENSING STANDARDS
6	BASED ON THE CANDIDATE'S PRIOR EXPERIENCE AND DEMONSTRATED
7	COMPETENCY. THE LICENSING PATHWAY MUST ALSO INCLUDE WAYS IN
8	WHICH A CANDIDATE IN A SECOND CAREER OR CHANGING CAREERS CAN
9	EARN POINTS OR CREDITS FOR PRIOR EXPERIENCE AND COMPETENCIES
10	THAT APPLY TOWARD THE QUALIFICATIONS FOR AN EARLY CHILDHOOD
11	EDUCATOR CREDENTIAL. THE STANDARDS AND CREDENTIAL AWARDING
12	PROCESS MAY USE VALIDATED TOOLS TO AWARD POINTS FOR
13	DEMONSTRATED COMPETENCIES.
14	(3) THE STATE DEPARTMENT AND THE DEPARTMENT OF EDUCATION
15	SHALL ALIGN, TO THE EXTENT POSSIBLE, THE STATE'S EARLY CHILDHOOD
16	PROFESSIONAL CREDENTIAL, DEPARTMENT OF EDUCATION EDUCATOR
17	LICENSING, AND CHILD CARE PROGRAM LICENSING IN ORDER TO MAKE THE
18	REQUIREMENTS AS CONSISTENT AND CLEAR AS POSSIBLE TO EDUCATORS
19	AND PROVIDERS. THE ALIGNMENT PROCESS MUST INCLUDE EXAMINING
20	STRATEGIES THAT SUPPORT RECIPROCITY FOR EARLY CHILDHOOD
21	EDUCATOR CREDENTIALS OR QUALIFICATIONS EARNED OUTSIDE OF
22	COLORADO.
23	(4) THE STATE DEPARTMENT AND THE DEPARTMENT OF EDUCATION
24	SHALL STREAMLINE ALL PAPERWORK THAT LICENSED EARLY CARE AND
25	EDUCATION PROGRAMS AND EARLY CHILDHOOD EDUCATORS MUST
26	COMPLETE TO MEET CHILD CARE LICENSING AND EARLY CHILDHOOD
27	EDUCATOR CREDENTIALING COMPLIANCE REQUIREMENTS. THE STATE

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1	AGENCIES SHALL IDENTIFY WAYS TO SHARE INFORMATION AND REPORTS
2	ACROSS THE AGENCIES IN ORDER TO REDUCE THE ADMINISTRATIVE AND
3	PAPERWORK BURDEN ON EARLY CARE AND EDUCATION PROGRAMS AND
4	EDUCATORS. THE STREAMLINING PROCESS MUST INCLUDE A SYSTEMS SCAN
5	OF PROGRAMS AND INITIATIVES, IDENTIFICATION OF OVERLAPPING
6	REPORTING REQUIREMENTS, AND WAYS TO REDUCE THE ADMINISTRATIVE
7	AND PAPERWORK BURDEN ON PROGRAMS AND EDUCATORS.
8	(5) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), NO LATER
9	THAN JANUARY 31 , 2022 , and no later than January 31 each year
10	THEREAFTER, THE STATE DEPARTMENT SHALL PREPARE A WRITTEN REPORT
11	CONCERNING COLORADO'S CURRENT SUPPLY OF QUALIFIED EARLY
12	CHILDHOOD EDUCATORS.
13	(6) The state department, the department of higher
14	EDUCATION, AND THE DEPARTMENT OF EDUCATION SHALL DEVELOP
15	RESOURCES TO SUPPORT LOCAL COMMUNITIES TO INCREASE CONCURRENT
16	ENROLLMENT OPPORTUNITIES FOR HIGH SCHOOL STUDENTS OR OTHER
17	NONTRADITIONAL STUDENTS TO EARN HIGHER EDUCATION CREDITS AND
18	DEGREES THAT ALLOW THEM TO SERVE AS EARLY CHILDHOOD EDUCATORS
19	AND SHALL SUPPORT CAREER PATHWAYS FOR HIGH SCHOOL STUDENTS
20	EARNING COLLEGE CREDITS TOWARD BECOMING EARLY CHILDHOOD
21	EDUCATORS, INCLUDING CONCURRENT ENROLLMENT, CAREER AND
22	TECHNICAL EDUCATION, THE ASCENT PROGRAM, AND OTHER CAREER
23	PATHWAYS.
24	SECTION 3. In Colorado Revised Statutes, 26-6.5-106, amend
25	(6)(b) and (8)(a); and add (4.5) as follows:
26	26-6.5-106. School-readiness quality improvement program -
27	created - Colorado shines quality rating and improvement system -

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1	rules. (4.5) State assistance (a) THE STATE DEPARTMENT MAY PROVIDE
2	TECHNICAL ASSISTANCE AND FINANCIAL INCENTIVES TO:
3	(I) PROGRAMS THAT ARE RATED IN THE COLORADO SHINES SYSTEM
4	AT A LEVEL ONE OR TWO TO SUPPORT THE PROGRAMS IN ADVANCING TO A
5	LEVEL THREE OR HIGHER QUALITY LEVEL; AND
6	(II) PROGRAMS THAT ARE RATED IN THE COLORADO SHINES
7	SYSTEM AT A LEVEL THREE, FOUR, OR FIVE TO SUPPORT THE PROGRAMS IN
8	MAINTAINING A HIGH-QUALITY LEVEL OR ADVANCING TO A HIGHER
9	QUALITY LEVEL.
10	(b) THE EARLY CHILDHOOD COUNCIL MAY SUPPORT THE STATE
11	DEPARTMENT WITH THE ASSISTANCE DESCRIBED IN SUBSECTION (4.5)(a)
12	OF THIS SECTION BY PROVIDING LOCAL COMMUNITY OUTREACH AND
13	ENGAGEMENT STRATEGIES.
14	(6) School-readiness plans. Each early childhood council seeking
15	to apply for school-readiness quality improvement funding pursuant to
16	this section shall prepare and submit to the state department a three-year
17	school-readiness plan that outlines strategies to improve the school
18	readiness of children. The school-readiness plan, at a minimum, must
19	include:
20	(b) A plan that describes how the early childhood council will
21	target and recruit programs that are rated in the Colorado shines system
22	at a level two ONE or higher. or that are licensed programs with a
23	demonstrated hardship that are actively working toward achieving a
24	Colorado shines system level two rating. The early childhood council
25	must target and recruit programs to increase the access and availability of
26	quality child care for children participating in the Colorado child care
2.7	assistance program created in part 8 of article 2 of this title 26. If THE

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1	EARLY CHILDHOOD COUNCIL RECEIVED SCHOOL-READINESS QUALITY
2	IMPROVEMENT FUNDING PRIOR TO THE $2020-21$ FISCAL YEAR, THE EARLY
3	CHILDHOOD COUNCIL SHALL AMEND THE THREE-YEAR SCHOOL READINESS
4	PLAN TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION.
5	(8) Funding. (a) The school-readiness quality improvement
6	program shall be IS funded using federal child care development fund
7	money or other federal OR STATE money annually appropriated for the
8	program. The state department shall allocate the money to the eligible
9	early childhood councils for distribution to early childhood education
10	programs, as provided in this section.
11	SECTION 4. In Colorado Revised Statutes, add part 4 to article
12	6.5 of title 26 as follows:
13	PART 4
14	EARLY CHILDHOOD MENTAL
15	HEALTH CONSULTATION PROGRAM
16	26-6.5-401. Definitions. As used in this part 4, unless the
17	CONTEXT OTHERWISE REQUIRES:
18	(1) "DEPARTMENT" MEANS THE STATE DEPARTMENT OF HUMAN
19	SERVICES.
20	(2) "MENTAL HEALTH CONSULTANT" MEANS AN EARLY CHILDHOOD
21	MENTAL HEALTH CONSULTANT WHO IS FUNDED BY APPROPRIATIONS
22	ALLOCATED OR AWARDED TO THE DEPARTMENT FOR THE PROGRAM AND
23	WHO MEETS THE QUALIFICATIONS OUTLINED IN THE PROGRAM DESIGNED
24	AND DEVELOPED PURSUANT TO THIS PART 4.
25	(3) "PROGRAM" MEANS THE STATEWIDE VOLUNTARY PROGRAM OF
26	EARLY CHILDHOOD MENTAL HEALTH CONSULTATION DESIGNED,
27	IMPLEMENTED, AND OPERATED BY THE DEPARTMENT PURSUANT TO THIS

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2	26-6.5-402. Early childhood mental health consultation -
3	statewide program - creation - purpose - rules. (1) (a) ON OR BEFORE
4	July $1,2022$, the department shall design, implement, and operate
5	THE STATEWIDE VOLUNTARY PROGRAM OF EARLY CHILDHOOD MENTAL
6	HEALTH CONSULTATION TO EXPAND AND ENHANCE CURRENT PRACTICES
7	ACROSS THE STATE. THE DEPARTMENT, THROUGH THE PROGRAM, SHALL
8	SUPPORT MENTAL HEALTH IN A VARIETY OF SETTINGS, INCLUDING BUT NOT
9	LIMITED TO EARLY CHILD CARE AND LEARNING, ELEMENTARY SCHOOLS,
10	HOME VISITATION, CHILD WELFARE, PUBLIC HEALTH, AND HEALTH CARE,
11	INCLUDING SETTINGS PROVIDING PRENATAL AND POSTPARTUM CARE.
12	(b) In designing and developing the program, the
13	DEPARTMENT SHALL WORK IN CONSULTATION WITH THE NATIONAL CENTER
14	OF EXCELLENCE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH
15	CONSULTATION FUNDED BY THE $\overline{\textbf{U}}$ NITED $\overline{\textbf{S}}$ TATES DEPARTMENT OF HEALTH
16	AND HUMAN SERVICES; NATIONALLY RECOGNIZED ENTITIES THAT SUPPORT
17	IMPLEMENTATION OF SUSTAINABLE SYSTEMS OR PROGRAMS THAT FOCUS
18	ON PROMOTING THE SOCIAL, EMOTIONAL, AND BEHAVIORAL OUTCOMES OF
19	YOUNG CHILDREN; AND KEY STAKEHOLDERS IN THE STATE, INCLUDING
20	MENTAL HEALTH PROFESSIONALS, NONPROFIT ORGANIZATIONS WITH
21	EXPERTISE IN MENTAL HEALTH, ORGANIZATIONS REPRESENTING PARENTS
22	OF CHILDREN WHO WOULD BENEFIT FROM EARLY CHILDHOOD MENTAL
23	HEALTH CONSULTATION, HOSPITALS AND OTHER HEALTH CARE PROVIDER
24	ORGANIZATIONS WITH EXPERTISE WORKING WITH CHILDREN FACING
25	BEHAVIORAL HEALTH AND OTHER CHALLENGES TO OPTIMAL GROWTH AND
26	DEVELOPMENT, EARLY CHILD CARE AND EDUCATION PROVIDERS, AND
27	CLINICIANS WITH EXPERTISE IN INFANT AND EARLY CHILDHOOD MENTAL

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1	HEALTH.
2	(c) The department shall coordinate with
3	COMMUNITY-BASED ORGANIZATIONS TO ENSURE THE EFFECTIVE
4	IMPLEMENTATION OF THE PROGRAM AND MODEL OF CONSULTATION
5	ESTABLISHED PURSUANT TO SECTION 26-6.5-403, AS WELL AS SUPPORT
6	THE AVAILABILITY OF RESOURCES ACROSS THE STATE TO SUPPORT THE
7	PROGRAM AND THE MENTAL HEALTH CONSULTANTS IN THE PROGRAM IN
8	THEIR WORK.
9	(d) THE DEPARTMENT MAY PROMULGATE RULES FOR THE DESIGN,
10	IMPLEMENTATION, AND OPERATION OF THE PROGRAM.
11	(2) THE PURPOSE OF THE PROGRAM IS TO:
12	(a) INCREASE THE NUMBER OF QUALIFIED AND APPROPRIATELY
13	TRAINED MENTAL HEALTH CONSULTANTS THROUGHOUT THE STATE WHO
14	WILL CONSULT WITH PROFESSIONALS WORKING WITH CHILDREN ACROSS A
15	DIVERSITY OF SETTINGS, AS WELL AS OTHER ADULTS, INCLUDING FAMILY
16	MEMBERS, WHO DIRECTLY INTERACT WITH AND CARE FOR CHILDREN;
17	(b) SUPPORT AND PROVIDE GUIDANCE AND TRAINING, THROUGH
18	VISITS WITH MENTAL HEALTH CONSULTANTS IN THE PROGRAM, TO
19	FAMILIES, EXPECTING FAMILIES, CAREGIVERS, AND PROVIDERS ACROSS A
20	DIVERSITY OF SETTINGS IN ADDRESSING THE HEALTHY SOCIAL-EMOTIONAL
21	DEVELOPMENTAL NEEDS OF CHILDREN AND FAMILIES DURING THE
22	PRENATAL PERIOD THROUGH EIGHT YEARS OF AGE;
23	(c) DEVELOP A DEFINED MODEL OF CONSULTATION THAT IS
24	ROOTED IN DIVERSITY, EQUITY, AND INCLUSION FOR THE STATE PURSUANT
25	TO SECTION 26-6.5-403 THAT INCLUDES QUALIFICATIONS AND
26	COMPETENCIES FOR MENTAL HEALTH CONSULTANTS, JOB EXPECTATIONS,
27	EYPECTED OUTCOMES AND CHIDANCE ON DATIOS RETWEEN MENTAL

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	HEALTH CONSULTANTS IN THE PROGRAM AND THE SETTINGS THEY
2	SUPPORT; AND
3	(d) DEVELOP AND MAINTAIN A STATEWIDE PROFESSIONAL
4	DEVELOPMENT PLAN PURSUANT TO SECTION 26-6.5-404 THAT ASSISTS THE
5	MENTAL HEALTH CONSULTANTS IN MEETING THE EXPECTATIONS AND
6	DEVELOPING THE COMPETENCIES SET FORTH IN THE MODEL OF
7	CONSULTATION ESTABLISHED PURSUANT TO SECTION 26-6.5-403;
8	(3) NOTHING IN THIS PART 4 CREATES OR EXPANDS THE
9	REGULATORY AUTHORITY OF THE DEPARTMENT OVER MENTAL HEALTH
10	PROFESSIONALS WHO ARE NOT FUNDED BY APPROPRIATIONS MADE TO THE
11	DEPARTMENT FOR THE PROGRAM PURSUANT TO THIS PART 4.
12	26-6.5-403. Model of early childhood mental health
13	consultation - standards and guidelines - qualifications. (1) ON OR
14	BEFORE JULY $1,2022$, the department shall design and develop, in
15	26.65.402
13	CONSULTATION WITH THE STAKEHOLDERS LISTED IN SECTION 26-6.5-402
16	(1)(b), A MODEL OF CONSULTATION FOR THE PROGRAM THAT INCLUDES
16	(1)(b), A MODEL OF CONSULTATION FOR THE PROGRAM THAT INCLUDES
16 17	(1)(b), A MODEL OF CONSULTATION FOR THE PROGRAM THAT INCLUDES QUALIFICATIONS FOR MENTAL HEALTH CONSULTANTS, JOB EXPECTATIONS,
16 17 18	(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
16 17 18 19	(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
16 17 18 19 20	(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
16 17 18 19 20 21	(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,
16 17 18 19 20 21 22	(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
16 17 18 19 20 21 22 23	(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:
16 17 18 19 20 21 22 23 24	(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

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1	OF, AND SKILLS TO ADDRESS, CIRCUMSTANCES THAT AFFECT CHILDREN'S
2	BEHAVIOR AND MENTAL HEALTH; KNOWLEDGE OF DEVELOPMENTAL
3	SCIENCE AND MILESTONES; KNOWLEDGE OF A CONSULTATIVE MODEL OF
4	PRACTICE; AND AVAILABLE RESOURCES AND SERVICES TO CHILDREN AND
5	FAMILIES TO ALLEVIATE FAMILY STRESS;
6	(b) EXPECTATIONS FOR THE PLACEMENT OF REGIONAL
7	CONSULTANTS THAT WILL MOST EFFECTIVELY MEET LOCAL COMMUNITY
8	NEED FOR MENTAL HEALTH CONSULTANTS IN THE PROGRAM. THE
9	DEPARTMENT SHALL PERIODICALLY CONDUCT AN OPEN AND COMPETITIVE
10	SELECTION PROCESS FOR THE PLACEMENT OF ANY PUBLICLY FUNDED
11	MENTAL HEALTH CONSULTANTS IN THE PROGRAM.
12	(c) GUIDANCE CONCERNING THE SCOPE OF WORK THAT MENTAL
13	HEALTH CONSULTANTS IN THE PROGRAM MAY PROVIDE TO PROFESSIONALS
14	WORKING WITH YOUNG CHILDREN AND FAMILIES, INCLUDING GUIDANCE
15	ON APPROPRIATE REFERRALS, TRAINING, COACHING, PREVENTION, AND
16	ANY OTHER APPROPRIATE SERVICES;
17	(d) METHODS TO INCREASE THE AVAILABILITY OF BILINGUAL OR
18	MULTILINGUAL MENTAL HEALTH CONSULTANTS IN THE PROGRAM AND
19	OTHERWISE ENSURE THE CULTURAL COMPETENCY OF MENTAL HEALTH
20	CONSULTANTS IN THE PROGRAM AND ENSURE THAT THE CONSULTANT
21	POPULATION REFLECTS AN ARRAY OF CHARACTERISTICS AND
22	BACKGROUNDS AND IS REFLECTIVE OF THE DIVERSITY OF THE PROVIDERS.
23	CHILDREN, AND FAMILIES BEING SERVED;
24	(e) GUIDANCE ON THE DIVERSE SETTINGS IN WHICH AND TYPES OF
25	PROVIDERS WITH WHOM MENTAL HEALTH CONSULTANTS IN THE PROGRAM
26	MAY WORK TO MEET THE VARIED NEEDS OF CHILDREN AND FAMILIES FROM
27	PRENATAL THROUGH EIGHT YEARS OF AGE. THE MODEL MUST INCLUDE

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1	PROVISIONS THAT ENSURE THAT MENTAL HEALTH CONSULTANTS IN THE
2	PROGRAM MAY WORK WITH A DIVERSITY OF PROFESSIONALS AND
3	CAREGIVERS, INCLUDING BUT NOT LIMITED TO EARLY CHILD CARE AND
4	EDUCATION TEACHERS AND PROVIDERS, ELEMENTARY SCHOOL TEACHERS
5	AND ADMINISTRATORS, HOME VISITORS, CHILD WELFARE CASEWORKERS,
6	PUBLIC HEALTH PROFESSIONALS, AND HEALTH CARE PROFESSIONALS,
7	INCLUDING SETTINGS PROVIDING PRENATAL AND POSTPARTUM CARE.
8	(f) ANTICIPATED OUTCOMES THAT THE PROGRAM AND MENTAL
9	HEALTH CONSULTANTS IN THE PROGRAM SHOULD ACHIEVE, INCLUDING:
10	(I) PROMOTING SOCIAL-EMOTIONAL GROWTH AND DEVELOPMENT
11	OF CHILDREN;
12	(II) PROVIDING GUIDANCE TO PROFESSIONALS AND CAREGIVERS
13	TO EFFECTIVELY UNDERSTAND AND SUPPORT CHILDREN'S POSITIVE
14	BEHAVIOR AND DEVELOPMENT;
15	(III) UNDERSTANDING THE EFFECTS OF TRAUMA AND ADVERSITY,
16	INCLUDING OPPRESSION, PREJUDICE, DISCRIMINATION, RACISM, AND
17	GENDER INEQUITY, ON THE DEVELOPING BRAIN TO ULTIMATELY REDUCE
18	CHALLENGING BEHAVIORS AND INCREASE POSITIVE EARLY EXPERIENCES;
19	(IV) PROMOTING HIGH QUALITY INTERACTIONS AND
20	RELATIONSHIPS BETWEEN CHILDREN AND ADULTS;
21	(V) SUPPORTING THE MENTAL HEALTH AND WELL-BEING OF
22	ADULTS WHO CARE FOR CHILDREN;
23	(VI) CONNECTING AND REFERRING CHILDREN, FAMILIES, AND
24	PROVIDERS TO PROGRAMS, RESOURCES, AND SUPPORTS THAT WILL ASSIST
25	THEM IN THEIR DEVELOPMENT AND SUCCESS WHILE ADDRESSING BARRIERS
26	TO ACCESSING SUCH RESOURCES AND SUPPORTS;
27	(VII) SUPPORTING EQUITABLE, INCLUSIVE OUTCOMES FOR THE

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1	DIVERSE PROVIDERS, CHILDREN, AND FAMILIES THROUGHOUT THE STATE;
2	AND
3	(g) GUIDANCE ON APPROPRIATE RATIOS OF MENTAL HEALTH
4	CONSULTANTS AND THE SETTINGS THEY SUPPORT, AS WELL AS CASELOAD
5	EXPECTATIONS.
6	26-6.5-404. Statewide professional development plan for early
7	childhood mental health consultants. (1) ON OR BEFORE JULY 1, 2022,
8	THE DEPARTMENT SHALL DEVELOP A STATEWIDE PROFESSIONAL
9	DEVELOPMENT PLAN TO SUPPORT MENTAL HEALTH CONSULTANTS IN THE
10	PROGRAM IN MEETING THE EXPECTATIONS SET FORTH IN THE MODEL OF
11	CONSULTATION DESCRIBED IN SECTION 26-6.5-403, REFERRED TO IN THIS
12	SECTION AS "THE PLAN". IN DEVELOPING THE PLAN, THE DEPARTMENT
13	SHALL WORK COLLABORATIVELY, TO THE EXTENT PRACTICABLE, WITH THE
14	NATIONAL CENTER OF EXCELLENCE FOR INFANT AND EARLY CHILDHOOD
15	MENTAL HEALTH CONSULTATION FUNDED BY THE UNITED STATES
16	DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE DEPARTMENT MAY
17	IMPLEMENT THE PLAN IN PARTNERSHIP WITH NONPROFITS, INSTITUTIONS
18	OF HIGHER EDUCATION, AND CREDENTIALING PROGRAMS FOCUSED ON
19	INFANT AND EARLY CHILDHOOD MENTAL HEALTH.
20	(2) THE PLAN MUST INCLUDE, AT A MINIMUM, TRAINING RELATED
21	TO:
22	(a) Trauma and trauma-informed practices and
23	INTERVENTIONS;
24	(b) ADVERSE CHILDHOOD EXPERIENCES;
25	(c) THE SCIENCE OF RESILIENCE AND INTERVENTIONS TO PROMOTE
26	RESILIENCE;
27	(d) CHILD DEVELOPMENT THROUGH EIGHT YEARS OF AGE:

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1	(e) CAREGIVER SUBSTANCE USE AND EFFECTIVE FAMILY
2	INTERVENTIONS;
3	(f) IMPACT OF INEQUITY AND BIAS ON CHILDREN, FAMILIES,
4	CAREGIVERS, MENTAL HEALTH CONSULTANTS, AND PROVIDERS, AND
5	STRATEGIES TO MITIGATE SUCH IMPACT;
6	(g) SENSORY PROCESSING ISSUES;
7	(h) THE NEEDS OF CHILDREN WITH DEVELOPMENTAL DELAYS AND
8	DISABILITIES, INCLUDING CHILDREN BORN PREMATURELY OR WITH SPECIAL
9	HEALTH CARE NEEDS, AND SPECIAL EDUCATION LAW;
10	(i) COLORADO'S CHILD PROTECTION AND FOSTER CARE SYSTEM;
11	(j) OCCUPATIONAL THERAPY, SPEECH THERAPY, PHYSICAL
12	THERAPY, AND MENTAL HEALTH THERAPY;
13	(k) OTHER PUBLIC AND PRIVATE SUPPORTS AND SERVICES;
14	(l) EARLY CHILDHOOD SOCIAL-EMOTIONAL DEVELOPMENT AND
15	FAMILY SYSTEMS;
16	(m) EARLY CHILDHOOD MENTAL HEALTH DIAGNOSIS AND
17	EFFECTIVE TREATMENT MODELS; AND
18	(n) CONSULTATION AS A MODEL OF ADULT LEARNING.
19	(3) THE PLAN MUST ALSO:
20	(a) ALLOW MENTAL HEALTH CONSULTANTS IN THE PROGRAM TO
21	ACCESS REGIONALLY APPROPRIATE AND CULTURALLY RESPONSIVE
22	PROGRAMS TO BEST LINK THEM TO THE CHILDREN AND FAMILIES IN THEIR
23	COMMUNITIES AND THEIR UNIQUE NEEDS;
24	(b) INCLUDE STRATEGIES FOR MENTAL HEALTH CONSULTANTS IN
25	THE PROGRAM TO ESTABLISH INDIVIDUALIZED COACHING AS REQUESTED
26	BY TEACHERS, CAREGIVERS, AND FAMILIES; AND
27	(c) PROVIDE OPPORTUNITIES FOR REGULAR SUPPORT MEETINGS

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1	BETWEEN MENTAL HEALTH CONSULTANTS IN THE PROGRAM
2	SUPERVISORS, INCLUDING REFLECTIVE SUPERVISORS; AND PEER MENTAL
3	HEALTH CONSULTANTS. THE SUPPORT MEETINGS MUST INCLUDE
4	REFLECTIONS ON THE PRACTICE IMPACT OF ATTITUDES AND VALUES.
5	26-6.5-405. Statewide qualifications and competencies for
6	early childhood mental health consultants. The DEPARTMENT SHALL
7	ENSURE THAT EACH MENTAL HEALTH CONSULTANT FUNDED THROUGH THE
8	PROGRAM MEETS THE QUALIFICATIONS AND COMPETENCIES OUTLINED IN
9	THE PROGRAM AS DESIGNED AND DEVELOPED PURSUANT TO THIS PART 4.
10	SECTION 5. Safety clause. The general assembly hereby finds,
11	determines, and declares that this act is necessary for the immediate
12	preservation of the public peace, health, or safety.

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