

HB20-1053 be amended as follows:

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

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

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

7 **26-6-106. Standards for facilities and agencies - rules.** (7) THE  
8 STATE BOARD SHALL PROMULGATE RULES CONCERNING STANDARDS FOR  
9 LICENSING EARLY CARE AND EDUCATION PROGRAMS THAT FACILITATE THE  
10 RECRUITMENT AND RETENTION OF COLORADO'S EARLY CHILDHOOD  
11 EDUCATOR WORKFORCE AS DESCRIBED IN SECTION 26-6-122.

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

14 **26-6-122. Pathways to the classroom and retention strategies**  
15 **for early childhood educators - standards - alignment across agencies**  
16 **- report - rules.** (1) THE STATE BOARD SHALL PROMULGATE RULES  
17 ESTABLISHING STANDARDS FOR LICENSING THAT ALLOW AN EARLY CARE  
18 AND EDUCATION PROGRAM TO BE LICENSED FOR A PERIOD OF TIME  
19 DETERMINED BY THE STATE BOARD IF A STATE-BOARD-APPROVED NUMBER  
20 OF ASPIRING EARLY CHILDHOOD EDUCATORS IN THE PROGRAM ARE  
21 PURSUING A STATE-AGENCY-APPROVED EARLY CHILDHOOD CREDENTIAL  
22 AND OTHER QUALITY, SAFETY, AND SUPERVISION CONDITIONS ARE MET.

23 (2) THE STATE BOARD SHALL PROMULGATE RULES THAT ALLOW AN  
24 EARLY CHILDHOOD EDUCATOR TO EARN POINTS TOWARD AN EARLY  
25 CHILDHOOD CREDENTIAL THAT MEETS CHILD CARE LICENSING STANDARDS  
26 BASED ON THE CANDIDATE'S PRIOR EXPERIENCE AND DEMONSTRATED  
27 COMPETENCY. THE LICENSING PATHWAY MUST ALSO INCLUDE WAYS IN  
28 WHICH A CANDIDATE IN A SECOND CAREER OR CHANGING CAREERS CAN  
29 EARN POINTS OR CREDITS FOR PRIOR EXPERIENCE AND COMPETENCIES  
30 THAT APPLY TOWARD THE QUALIFICATIONS FOR AN EARLY CHILDHOOD  
31 EDUCATOR CREDENTIAL. THE STANDARDS AND CREDENTIAL AWARDED  
32 PROCESS MAY USE VALIDATED TOOLS TO AWARD POINTS FOR  
33 DEMONSTRATED COMPETENCIES.

34 (3) THE STATE DEPARTMENT AND THE DEPARTMENT OF EDUCATION  
35 SHALL ALIGN, TO THE EXTENT POSSIBLE, THE STATE'S EARLY CHILDHOOD  
36 PROFESSIONAL CREDENTIAL, DEPARTMENT OF EDUCATION EDUCATOR  
37 LICENSING, AND CHILD CARE PROGRAM LICENSING IN ORDER TO MAKE THE  
38 REQUIREMENTS AS CONSISTENT AND CLEAR AS POSSIBLE TO EDUCATORS  
39 AND PROVIDERS. THE ALIGNMENT PROCESS MUST INCLUDE EXAMINING

1 STRATEGIES THAT SUPPORT RECIPROCITY FOR EARLY CHILDHOOD  
2 EDUCATOR CREDENTIALS OR QUALIFICATIONS EARNED OUTSIDE OF  
3 COLORADO.

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

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

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

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

34 **26-6.5-106. School-readiness quality improvement program -**  
35 **created - Colorado shines quality rating and improvement system -**  
36 **rules. (4.5) State assistance (a) THE STATE DEPARTMENT MAY PROVIDE**  
37 **TECHNICAL ASSISTANCE AND FINANCIAL INCENTIVES TO:**

38 (I) PROGRAMS THAT ARE RATED IN THE COLORADO SHINES SYSTEM  
39 AT A LEVEL ONE OR TWO TO SUPPORT THE PROGRAMS IN ADVANCING TO A  
40 LEVEL THREE OR HIGHER QUALITY LEVEL; AND

41 (II) PROGRAMS THAT ARE RATED IN THE COLORADO SHINES  
42 SYSTEM AT A LEVEL THREE, FOUR, OR FIVE TO SUPPORT THE PROGRAMS IN  
43 MAINTAINING A HIGH-QUALITY LEVEL OR ADVANCING TO A HIGHER

1 QUALITY LEVEL.

2 (b) THE EARLY CHILDHOOD COUNCIL MAY SUPPORT THE STATE  
3 DEPARTMENT WITH THE ASSISTANCE DESCRIBED IN SUBSECTION (4.5)(a)  
4 OF THIS SECTION BY PROVIDING LOCAL COMMUNITY OUTREACH AND  
5 ENGAGEMENT STRATEGIES.

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

12 (b) A plan that describes how the early childhood council will  
13 target and recruit programs that are rated in the Colorado shines system  
14 at a level ~~two~~ ONE or higher. ~~or that are licensed programs with a~~  
15 ~~demonstrated hardship that are actively working toward achieving a~~  
16 ~~Colorado shines system level two rating.~~ The early childhood council  
17 must target and recruit programs to increase the access and availability of  
18 quality child care for children participating in the Colorado child care  
19 assistance program, created in part 8 of article 2 of this title 26. IF THE  
20 EARLY CHILDHOOD COUNCIL RECEIVED SCHOOL-READINESS QUALITY  
21 IMPROVEMENT FUNDING PRIOR TO THE 2020-21 FISCAL YEAR, THE EARLY  
22 CHILDHOOD COUNCIL SHALL AMEND THE THREE-YEAR SCHOOL READINESS  
23 PLAN TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION.

24 (8) **Funding.** (a) The school-readiness quality improvement  
25 program ~~shall be~~ IS funded using federal child care development fund  
26 money or other federal OR STATE money annually appropriated for the  
27 program. The state department shall allocate the money to the eligible  
28 early childhood councils for distribution to early childhood education  
29 programs, as provided in this section.

30 **SECTION 4.** In Colorado Revised Statutes, **add** part 4 to article  
31 6.5 of title 26 as follows:

32 PART 4  
33 EARLY CHILDHOOD MENTAL  
34 HEALTH CONSULTATION PROGRAM

35 **26-6.5-401. Definitions.** AS USED IN THIS PART 4, UNLESS THE  
36 CONTEXT OTHERWISE REQUIRES:

37 (1) "DEPARTMENT" MEANS THE STATE DEPARTMENT OF HUMAN  
38 SERVICES.

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

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

5 **26-6.5-402. Early childhood mental health consultation -**  
6 **statewide program - creation - purpose - rules.** (1) (a) ON OR BEFORE  
7 JULY 1, 2022, THE DEPARTMENT SHALL DESIGN, IMPLEMENT, AND OPERATE  
8 THE STATEWIDE VOLUNTARY PROGRAM OF EARLY CHILDHOOD MENTAL  
9 HEALTH CONSULTATION TO EXPAND AND ENHANCE CURRENT PRACTICES  
10 ACROSS THE STATE. THE DEPARTMENT, THROUGH THE PROGRAM, SHALL  
11 SUPPORT MENTAL HEALTH IN A VARIETY OF SETTINGS, INCLUDING BUT NOT  
12 LIMITED TO EARLY CHILD CARE AND LEARNING, ELEMENTARY SCHOOLS,  
13 HOME VISITATION, CHILD WELFARE, PUBLIC HEALTH, AND HEALTH CARE,  
14 INCLUDING SETTINGS PROVIDING PRENATAL AND POSTPARTUM CARE.

15 (b) IN DESIGNING AND DEVELOPING THE PROGRAM, THE  
16 DEPARTMENT SHALL WORK IN CONSULTATION WITH THE NATIONAL CENTER  
17 OF EXCELLENCE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH  
18 CONSULTATION FUNDED BY THE UNITED STATES DEPARTMENT OF HEALTH  
19 AND HUMAN SERVICES; NATIONALLY RECOGNIZED ENTITIES THAT SUPPORT  
20 IMPLEMENTATION OF SUSTAINABLE SYSTEMS OR PROGRAMS THAT FOCUS  
21 ON PROMOTING THE SOCIAL, EMOTIONAL, AND BEHAVIORAL OUTCOMES OF  
22 YOUNG CHILDREN; AND KEY STAKEHOLDERS IN THE STATE, INCLUDING  
23 MENTAL HEALTH PROFESSIONALS, NONPROFIT ORGANIZATIONS WITH  
24 EXPERTISE IN MENTAL HEALTH, ORGANIZATIONS REPRESENTING PARENTS  
25 OF CHILDREN WHO WOULD BENEFIT FROM EARLY CHILDHOOD MENTAL  
26 HEALTH CONSULTATION, HOSPITALS AND OTHER HEALTH CARE PROVIDER  
27 ORGANIZATIONS WITH EXPERTISE WORKING WITH CHILDREN FACING  
28 BEHAVIORAL HEALTH AND OTHER CHALLENGES TO OPTIMAL GROWTH AND  
29 DEVELOPMENT, EARLY CHILD CARE AND EDUCATION PROVIDERS, AND  
30 CLINICIANS WITH EXPERTISE IN INFANT AND EARLY CHILDHOOD MENTAL  
31 HEALTH.

32 (c) THE DEPARTMENT SHALL COORDINATE WITH  
33 COMMUNITY-BASED ORGANIZATIONS TO ENSURE THE EFFECTIVE  
34 IMPLEMENTATION OF THE PROGRAM AND MODEL OF CONSULTATION  
35 ESTABLISHED PURSUANT TO SECTION 26-6.5-403, AS WELL AS SUPPORT  
36 THE AVAILABILITY OF RESOURCES ACROSS THE STATE TO SUPPORT THE  
37 PROGRAM AND THE MENTAL HEALTH CONSULTANTS IN THE PROGRAM IN  
38 THEIR WORK.

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

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

42 (a) INCREASE THE NUMBER OF QUALIFIED AND APPROPRIATELY  
43 TRAINED MENTAL HEALTH CONSULTANTS THROUGHOUT THE STATE WHO

1 WILL CONSULT WITH PROFESSIONALS WORKING WITH CHILDREN ACROSS A  
2 DIVERSITY OF SETTINGS, AS WELL AS OTHER ADULTS, INCLUDING FAMILY  
3 MEMBERS, WHO DIRECTLY INTERACT WITH AND CARE FOR CHILDREN;

4 (b) SUPPORT AND PROVIDE GUIDANCE AND TRAINING, THROUGH  
5 VISITS WITH MENTAL HEALTH CONSULTANTS IN THE PROGRAM, TO  
6 FAMILIES, EXPECTING FAMILIES, CAREGIVERS, AND PROVIDERS ACROSS A  
7 DIVERSITY OF SETTINGS IN ADDRESSING THE HEALTHY SOCIAL-EMOTIONAL  
8 DEVELOPMENTAL NEEDS OF CHILDREN AND FAMILIES DURING THE  
9 PRENATAL PERIOD THROUGH EIGHT YEARS OF AGE;

10 (c) DEVELOP A DEFINED MODEL OF CONSULTATION THAT IS  
11 ROOTED IN DIVERSITY, EQUITY, AND INCLUSION FOR THE STATE PURSUANT  
12 TO SECTION 26-6.5-403 THAT INCLUDES QUALIFICATIONS AND  
13 COMPETENCIES FOR MENTAL HEALTH CONSULTANTS, JOB EXPECTATIONS,  
14 EXPECTED OUTCOMES, AND GUIDANCE ON RATIOS BETWEEN MENTAL  
15 HEALTH CONSULTANTS IN THE PROGRAM AND THE SETTINGS THEY  
16 SUPPORT; AND

17 (d) DEVELOP AND MAINTAIN A STATEWIDE PROFESSIONAL  
18 DEVELOPMENT PLAN PURSUANT TO SECTION 26-6.5-404 THAT ASSISTS THE  
19 MENTAL HEALTH CONSULTANTS IN MEETING THE EXPECTATIONS AND  
20 DEVELOPING THE COMPETENCIES SET FORTH IN THE MODEL OF  
21 CONSULTATION ESTABLISHED PURSUANT TO SECTION 26-6.5-403;

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

26 **26-6.5-403. Model of early childhood mental health**  
27 **consultation - standards and guidelines - qualifications.** (1) ON OR  
28 BEFORE JULY 1, 2022, THE DEPARTMENT SHALL DESIGN AND DEVELOP, IN  
29 CONSULTATION WITH THE STAKEHOLDERS LISTED IN SECTION 26-6.5-402  
30 (1)(b), A MODEL OF CONSULTATION FOR THE PROGRAM THAT INCLUDES  
31 QUALIFICATIONS FOR MENTAL HEALTH CONSULTANTS, JOB EXPECTATIONS,  
32 EXPECTED OUTCOMES, AND GUIDANCE ON RATIOS BETWEEN MENTAL  
33 HEALTH CONSULTANTS AND THE SETTINGS THEY SUPPORT, REFERRED TO  
34 IN THIS SECTION AS "THE MODEL". THE MODEL MUST INCLUDE STANDARDS  
35 AND GUIDELINES TO ENSURE THE PROGRAM IS IMPLEMENTED EFFECTIVELY,  
36 WITH PRIMARY CONSIDERATION GIVEN TO EVIDENCE-BASED SERVICES. THE  
37 STANDARDS AND GUIDELINES MUST INCLUDE:

38 (a) CLEAR QUALIFICATIONS FOR MENTAL HEALTH CONSULTANTS  
39 IN THE PROGRAM, INCLUDING, AT A MINIMUM, EXPERTISE IN ADULT AND  
40 CHILD MENTAL HEALTH THEORY, PRACTICE, AND SERVICES; EARLY  
41 CHILDHOOD, CHILD DEVELOPMENT, AND FAMILY SYSTEMS; KNOWLEDGE  
42 OF, AND SKILLS TO ADDRESS, CIRCUMSTANCES THAT AFFECT CHILDREN'S  
43 BEHAVIOR AND MENTAL HEALTH; KNOWLEDGE OF DEVELOPMENTAL

1 SCIENCE AND MILESTONES; KNOWLEDGE OF A CONSULTATIVE MODEL OF  
2 PRACTICE; AND AVAILABLE RESOURCES AND SERVICES TO CHILDREN AND  
3 FAMILIES TO ALLEVIATE FAMILY STRESS;

4 (b) EXPECTATIONS FOR THE PLACEMENT OF REGIONAL  
5 CONSULTANTS THAT WILL MOST EFFECTIVELY MEET LOCAL COMMUNITY  
6 NEED FOR MENTAL HEALTH CONSULTANTS IN THE PROGRAM. THE  
7 DEPARTMENT SHALL PERIODICALLY CONDUCT AN OPEN AND COMPETITIVE  
8 SELECTION PROCESS FOR THE PLACEMENT OF ANY PUBLICLY FUNDED  
9 MENTAL HEALTH CONSULTANTS IN THE PROGRAM.

10 (c) GUIDANCE CONCERNING THE SCOPE OF WORK THAT MENTAL  
11 HEALTH CONSULTANTS IN THE PROGRAM MAY PROVIDE TO PROFESSIONALS  
12 WORKING WITH YOUNG CHILDREN AND FAMILIES, INCLUDING GUIDANCE  
13 ON APPROPRIATE REFERRALS, TRAINING, COACHING, PREVENTION, AND  
14 ANY OTHER APPROPRIATE SERVICES;

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

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

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

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

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

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

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

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

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

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

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

15 **26-6.5-404. Statewide professional development plan for early**  
16 **childhood mental health consultants.** (1) ON OR BEFORE JULY 1, 2022,  
17 THE DEPARTMENT SHALL DEVELOP A STATEWIDE PROFESSIONAL  
18 DEVELOPMENT PLAN TO SUPPORT MENTAL HEALTH CONSULTANTS IN THE  
19 PROGRAM IN MEETING THE EXPECTATIONS SET FORTH IN THE MODEL OF  
20 CONSULTATION DESCRIBED IN SECTION 26-6.5-403, REFERRED TO IN THIS  
21 SECTION AS "THE PLAN". IN DEVELOPING THE PLAN, THE DEPARTMENT  
22 SHALL WORK COLLABORATIVELY, TO THE EXTENT PRACTICABLE, WITH THE  
23 NATIONAL CENTER OF EXCELLENCE FOR INFANT AND EARLY CHILDHOOD  
24 MENTAL HEALTH CONSULTATION FUNDED BY THE UNITED STATES  
25 DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE DEPARTMENT MAY  
26 IMPLEMENT THE PLAN IN PARTNERSHIP WITH NONPROFITS, INSTITUTIONS  
27 OF HIGHER EDUCATION, AND CREDENTIALING PROGRAMS FOCUSED ON  
28 INFANT AND EARLY CHILDHOOD MENTAL HEALTH.

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

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

33 (b) ADVERSE CHILDHOOD EXPERIENCES;

34 (c) THE SCIENCE OF RESILIENCE AND INTERVENTIONS TO PROMOTE  
35 RESILIENCE;

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

37 (e) CAREGIVER SUBSTANCE USE AND EFFECTIVE FAMILY  
38 INTERVENTIONS;

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

42 (g) SENSORY PROCESSING ISSUES;

43 (h) THE NEEDS OF CHILDREN WITH DEVELOPMENTAL DELAYS AND

1 DISABILITIES, INCLUDING CHILDREN BORN PREMATURELY OR WITH SPECIAL  
2 HEALTH CARE NEEDS, AND SPECIAL EDUCATION LAW;  
3 (i) COLORADO'S CHILD PROTECTION AND FOSTER CARE SYSTEM;  
4 (j) OCCUPATIONAL THERAPY, SPEECH THERAPY, PHYSICAL  
5 THERAPY, AND MENTAL HEALTH THERAPY;  
6 (k) OTHER PUBLIC AND PRIVATE SUPPORTS AND SERVICES;  
7 (l) EARLY CHILDHOOD SOCIAL-EMOTIONAL DEVELOPMENT AND  
8 FAMILY SYSTEMS;  
9 (m) EARLY CHILDHOOD MENTAL HEALTH DIAGNOSIS AND  
10 EFFECTIVE TREATMENT MODELS; AND  
11 (n) CONSULTATION AS A MODEL OF ADULT LEARNING.  
12 (3) THE PLAN MUST ALSO:  
13 (a) ALLOW MENTAL HEALTH CONSULTANTS IN THE PROGRAM TO  
14 ACCESS REGIONALLY APPROPRIATE AND CULTURALLY RESPONSIVE  
15 PROGRAMS TO BEST LINK THEM TO THE CHILDREN AND FAMILIES IN THEIR  
16 COMMUNITIES AND THEIR UNIQUE NEEDS;  
17 (b) INCLUDE STRATEGIES FOR MENTAL HEALTH CONSULTANTS IN  
18 THE PROGRAM TO ESTABLISH INDIVIDUALIZED COACHING AS REQUESTED  
19 BY TEACHERS, CAREGIVERS, AND FAMILIES; AND  
20 (c) PROVIDE OPPORTUNITIES FOR REGULAR SUPPORT MEETINGS  
21 BETWEEN MENTAL HEALTH CONSULTANTS IN THE PROGRAM;  
22 SUPERVISORS, INCLUDING REFLECTIVE SUPERVISORS; AND PEER MENTAL  
23 HEALTH CONSULTANTS. THE SUPPORT MEETINGS MUST INCLUDE  
24 REFLECTIONS ON THE PRACTICE IMPACT OF ATTITUDES AND VALUES.  
25 **26-6.5-405. Statewide qualifications and competencies for**  
26 **early childhood mental health consultants.** THE DEPARTMENT SHALL  
27 ENSURE THAT EACH MENTAL HEALTH CONSULTANT FUNDED THROUGH THE  
28 PROGRAM MEETS THE QUALIFICATIONS AND COMPETENCIES OUTLINED IN  
29 THE PROGRAM AS DESIGNED AND DEVELOPED PURSUANT TO THIS PART 4.  
30 **SECTION 5. Safety clause.** The general assembly hereby finds,  
31 determines, and declares that this act is necessary for the immediate  
32 preservation of the public peace, health, or safety."."

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