



1 EARLY CHILDHOOD EDUCATOR TO EARN POINTS TOWARD AN EARLY  
2 CHILDHOOD CREDENTIAL THAT MEETS CHILD CARE LICENSING STANDARDS  
3 BASED ON THE CANDIDATE'S PRIOR EXPERIENCE AND DEMONSTRATED  
4 COMPETENCY. THE LICENSING PATHWAY MUST ALSO INCLUDE WAYS IN  
5 WHICH A CANDIDATE IN A SECOND CAREER OR CHANGING CAREERS CAN  
6 EARN POINTS OR CREDITS FOR PRIOR EXPERIENCE AND COMPETENCIES  
7 THAT APPLY TOWARD THE QUALIFICATIONS FOR AN EARLY CHILDHOOD  
8 EDUCATOR CREDENTIAL. THE STANDARDS AND CREDENTIAL AWARDED  
9 PROCESS MAY USE VALIDATED TOOLS TO AWARD POINTS FOR  
10 DEMONSTRATED COMPETENCIES.

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

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

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

37 (6) THE STATE DEPARTMENT, THE DEPARTMENT OF HIGHER  
38 EDUCATION, AND THE DEPARTMENT OF EDUCATION SHALL DEVELOP  
39 RESOURCES TO SUPPORT LOCAL COMMUNITIES TO INCREASE CONCURRENT  
40 ENROLLMENT OPPORTUNITIES FOR HIGH SCHOOL STUDENTS OR OTHER  
41 NONTRADITIONAL STUDENTS TO EARN HIGHER EDUCATION CREDITS AND

1 DEGREES THAT ALLOW THEM TO SERVE AS EARLY CHILDHOOD EDUCATORS  
2 AND SHALL SUPPORT CAREER PATHWAYS FOR HIGH SCHOOL STUDENTS  
3 EARNING COLLEGE CREDITS TOWARD BECOMING EARLY CHILDHOOD  
4 EDUCATORS, INCLUDING CONCURRENT ENROLLMENT, CAREER AND  
5 TECHNICAL EDUCATION, THE ASCENT PROGRAM, AND OTHER CAREER  
6 PATHWAYS.

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

9 **26-6.5-106. School-readiness quality improvement program -**  
10 **created - Colorado shines quality rating and improvement system -**  
11 **rules.** (4.5) **State assistance** (a) THE STATE DEPARTMENT MAY PROVIDE  
12 TECHNICAL ASSISTANCE AND FINANCIAL INCENTIVES TO:

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

16 (II) PROGRAMS THAT ARE RATED IN THE COLORADO SHINES  
17 SYSTEM AT A LEVEL THREE, FOUR, OR FIVE TO SUPPORT THE PROGRAMS IN  
18 MAINTAINING A HIGH-QUALITY LEVEL OR ADVANCING TO A HIGHER  
19 QUALITY LEVEL.

20 (b) THE EARLY CHILDHOOD COUNCIL MAY SUPPORT THE STATE  
21 DEPARTMENT WITH THE ASSISTANCE DESCRIBED IN SUBSECTION (4.5)(a)  
22 OF THIS SECTION BY PROVIDING LOCAL COMMUNITY OUTREACH AND  
23 ENGAGEMENT STRATEGIES.

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

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

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

7 **SECTION 4.** In Colorado Revised Statutes, **add** part 4 to article  
8 6.5 of title 26 as follows:

9 PART 4  
10 EARLY CHILDHOOD MENTAL  
11 HEALTH CONSULTATION PROGRAM

12 **26-6.5-401. Definitions.** AS USED IN THIS PART 4, UNLESS THE  
13 CONTEXT OTHERWISE REQUIRES:

14 (1) "DEPARTMENT" MEANS THE STATE DEPARTMENT OF HUMAN  
15 SERVICES.

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

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

25 **26-6.5-402. Early childhood mental health consultation -**  
26 **statewide program - creation - purpose - rules.** (1) (a) ON OR BEFORE  
27 JULY 1, 2022, THE DEPARTMENT SHALL DESIGN, IMPLEMENT, AND OPERATE  
28 THE STATEWIDE VOLUNTARY PROGRAM OF EARLY CHILDHOOD MENTAL  
29 HEALTH CONSULTATION TO EXPAND AND ENHANCE CURRENT PRACTICES  
30 ACROSS THE STATE. THE DEPARTMENT, THROUGH THE PROGRAM, SHALL  
31 SUPPORT MENTAL HEALTH IN A VARIETY OF SETTINGS, INCLUDING BUT NOT  
32 LIMITED TO EARLY CHILD CARE AND LEARNING, ELEMENTARY SCHOOLS,  
33 HOME VISITATION, CHILD WELFARE, PUBLIC HEALTH, AND HEALTH CARE,  
34 INCLUDING SETTINGS PROVIDING PRENATAL AND POSTPARTUM CARE.

35 (b) IN DESIGNING AND DEVELOPING THE PROGRAM, THE  
36 DEPARTMENT SHALL WORK IN CONSULTATION WITH THE NATIONAL CENTER  
37 OF EXCELLENCE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH  
38 CONSULTATION FUNDED BY THE UNITED STATES DEPARTMENT OF HEALTH  
39 AND HUMAN SERVICES; NATIONALLY RECOGNIZED ENTITIES THAT SUPPORT  
40 IMPLEMENTATION OF SUSTAINABLE SYSTEMS OR PROGRAMS THAT FOCUS  
41 ON PROMOTING THE SOCIAL, EMOTIONAL, AND BEHAVIORAL OUTCOMES OF

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

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

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

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

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

26 (b) SUPPORT AND PROVIDE GUIDANCE AND TRAINING, THROUGH  
27 VISITS WITH MENTAL HEALTH CONSULTANTS IN THE PROGRAM, TO  
28 FAMILIES, EXPECTING FAMILIES, CAREGIVERS, AND PROVIDERS ACROSS A  
29 DIVERSITY OF SETTINGS IN ADDRESSING THE HEALTHY SOCIAL-EMOTIONAL  
30 DEVELOPMENTAL NEEDS OF CHILDREN AND FAMILIES DURING THE  
31 PRENATAL PERIOD THROUGH EIGHT YEARS OF AGE;

32 (c) DEVELOP A DEFINED MODEL OF CONSULTATION THAT IS  
33 ROOTED IN DIVERSITY, EQUITY, AND INCLUSION FOR THE STATE PURSUANT  
34 TO SECTION 26-6.5-403 THAT INCLUDES QUALIFICATIONS AND  
35 COMPETENCIES FOR MENTAL HEALTH CONSULTANTS, JOB EXPECTATIONS,  
36 EXPECTED OUTCOMES, AND GUIDANCE ON RATIOS BETWEEN MENTAL  
37 HEALTH CONSULTANTS IN THE PROGRAM AND THE SETTINGS THEY  
38 SUPPORT; AND

39 (d) DEVELOP AND MAINTAIN A STATEWIDE PROFESSIONAL  
40 DEVELOPMENT PLAN PURSUANT TO SECTION 26-6.5-404 THAT ASSISTS THE  
41 MENTAL HEALTH CONSULTANTS IN MEETING THE EXPECTATIONS AND

1 DEVELOPING THE COMPETENCIES SET FORTH IN THE MODEL OF  
2 CONSULTATION ESTABLISHED PURSUANT TO SECTION 26-6.5-403;

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

7 **26-6.5-403. Model of early childhood mental health**  
8 **consultation - standards and guidelines - qualifications.** (1) ON OR  
9 BEFORE JULY 1, 2022, THE DEPARTMENT SHALL DESIGN AND DEVELOP, IN  
10 CONSULTATION WITH THE STAKEHOLDERS LISTED IN SECTION 26-6.5-402  
11 (1)(b), A MODEL OF CONSULTATION FOR THE PROGRAM THAT INCLUDES  
12 QUALIFICATIONS FOR MENTAL HEALTH CONSULTANTS, JOB EXPECTATIONS,  
13 EXPECTED OUTCOMES, AND GUIDANCE ON RATIOS BETWEEN MENTAL  
14 HEALTH CONSULTANTS AND THE SETTINGS THEY SUPPORT, REFERRED TO  
15 IN THIS SECTION AS "THE MODEL". THE MODEL MUST INCLUDE STANDARDS  
16 AND GUIDELINES TO ENSURE THE PROGRAM IS IMPLEMENTED EFFECTIVELY,  
17 WITH PRIMARY CONSIDERATION GIVEN TO EVIDENCE-BASED SERVICES. THE  
18 STANDARDS AND GUIDELINES MUST INCLUDE:

19 (a) CLEAR QUALIFICATIONS FOR MENTAL HEALTH CONSULTANTS  
20 IN THE PROGRAM, INCLUDING, AT A MINIMUM, EXPERTISE IN ADULT AND  
21 CHILD MENTAL HEALTH THEORY, PRACTICE, AND SERVICES; EARLY  
22 CHILDHOOD, CHILD DEVELOPMENT, AND FAMILY SYSTEMS; KNOWLEDGE  
23 OF, AND SKILLS TO ADDRESS, CIRCUMSTANCES THAT AFFECT CHILDREN'S  
24 BEHAVIOR AND MENTAL HEALTH; KNOWLEDGE OF DEVELOPMENTAL  
25 SCIENCE AND MILESTONES; KNOWLEDGE OF A CONSULTATIVE MODEL OF  
26 PRACTICE; AND AVAILABLE RESOURCES AND SERVICES TO CHILDREN AND  
27 FAMILIES TO ALLEVIATE FAMILY STRESS;

28 (b) EXPECTATIONS FOR THE PLACEMENT OF REGIONAL  
29 CONSULTANTS THAT WILL MOST EFFECTIVELY MEET LOCAL COMMUNITY  
30 NEED FOR MENTAL HEALTH CONSULTANTS IN THE PROGRAM. THE  
31 DEPARTMENT SHALL PERIODICALLY CONDUCT AN OPEN AND COMPETITIVE  
32 SELECTION PROCESS FOR THE PLACEMENT OF ANY PUBLICLY FUNDED  
33 MENTAL HEALTH CONSULTANTS IN THE PROGRAM.

34 (c) GUIDANCE CONCERNING THE SCOPE OF WORK THAT MENTAL  
35 HEALTH CONSULTANTS IN THE PROGRAM MAY PROVIDE TO PROFESSIONALS  
36 WORKING WITH YOUNG CHILDREN AND FAMILIES, INCLUDING GUIDANCE  
37 ON APPROPRIATE REFERRALS, TRAINING, COACHING, PREVENTION, AND  
38 ANY OTHER APPROPRIATE SERVICES;

39 (d) METHODS TO INCREASE THE AVAILABILITY OF BILINGUAL OR  
40 MULTILINGUAL MENTAL HEALTH CONSULTANTS IN THE PROGRAM AND  
41 OTHERWISE ENSURE THE CULTURAL COMPETENCY OF MENTAL HEALTH

1 CONSULTANTS IN THE PROGRAM AND ENSURE THAT THE CONSULTANT  
2 POPULATION REFLECTS AN ARRAY OF CHARACTERISTICS AND  
3 BACKGROUNDS AND IS REFLECTIVE OF THE DIVERSITY OF THE PROVIDERS,  
4 CHILDREN, AND FAMILIES BEING SERVED;

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

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

18 (I) PROMOTING SOCIAL-EMOTIONAL GROWTH AND DEVELOPMENT  
19 OF CHILDREN;

20 (II) PROVIDING GUIDANCE TO PROFESSIONALS AND CAREGIVERS  
21 TO EFFECTIVELY UNDERSTAND AND SUPPORT CHILDREN'S POSITIVE  
22 BEHAVIOR AND DEVELOPMENT;

23 (III) UNDERSTANDING THE EFFECTS OF TRAUMA AND ADVERSITY,  
24 INCLUDING OPPRESSION, PREJUDICE, DISCRIMINATION, RACISM, AND  
25 GENDER INEQUITY, ON THE DEVELOPING BRAIN TO ULTIMATELY REDUCE  
26 CHALLENGING BEHAVIORS AND INCREASE POSITIVE EARLY EXPERIENCES;

27 (IV) PROMOTING HIGH QUALITY INTERACTIONS AND  
28 RELATIONSHIPS BETWEEN CHILDREN AND ADULTS;

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

31 (VI) CONNECTING AND REFERRING CHILDREN, FAMILIES, AND  
32 PROVIDERS TO PROGRAMS, RESOURCES, AND SUPPORTS THAT WILL ASSIST  
33 THEM IN THEIR DEVELOPMENT AND SUCCESS WHILE ADDRESSING BARRIERS  
34 TO ACCESSING SUCH RESOURCES AND SUPPORTS;

35 (VII) SUPPORTING EQUITABLE, INCLUSIVE OUTCOMES FOR THE  
36 DIVERSE PROVIDERS, CHILDREN, AND FAMILIES THROUGHOUT THE STATE;  
37 AND

38 (g) GUIDANCE ON APPROPRIATE RATIOS OF MENTAL HEALTH  
39 CONSULTANTS AND THE SETTINGS THEY SUPPORT, AS WELL AS CASELOAD  
40 EXPECTATIONS.

41 **26-6.5-404. Statewide professional development plan for early**

1 **childhood mental health consultants.** (1) ON OR BEFORE JULY 1, 2022,  
2 THE DEPARTMENT SHALL DEVELOP A STATEWIDE PROFESSIONAL  
3 DEVELOPMENT PLAN TO SUPPORT MENTAL HEALTH CONSULTANTS IN THE  
4 PROGRAM IN MEETING THE EXPECTATIONS SET FORTH IN THE MODEL OF  
5 CONSULTATION DESCRIBED IN SECTION 26-6.5-403, REFERRED TO IN THIS  
6 SECTION AS "THE PLAN". IN DEVELOPING THE PLAN, THE DEPARTMENT  
7 SHALL WORK COLLABORATIVELY, TO THE EXTENT PRACTICABLE, WITH THE  
8 NATIONAL CENTER OF EXCELLENCE FOR INFANT AND EARLY CHILDHOOD  
9 MENTAL HEALTH CONSULTATION FUNDED BY THE UNITED STATES  
10 DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE DEPARTMENT MAY  
11 IMPLEMENT THE PLAN IN PARTNERSHIP WITH NONPROFITS, INSTITUTIONS  
12 OF HIGHER EDUCATION, AND CREDENTIALING PROGRAMS FOCUSED ON  
13 INFANT AND EARLY CHILDHOOD MENTAL HEALTH.

14 (2) THE PLAN MUST INCLUDE, AT A MINIMUM, TRAINING RELATED  
15 TO:

16 (a) TRAUMA AND TRAUMA-INFORMED PRACTICES AND  
17 INTERVENTIONS;

18 (b) ADVERSE CHILDHOOD EXPERIENCES;

19 (c) THE SCIENCE OF RESILIENCE AND INTERVENTIONS TO PROMOTE  
20 RESILIENCE;

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

22 (e) CAREGIVER SUBSTANCE USE AND EFFECTIVE FAMILY  
23 INTERVENTIONS;

24 (f) IMPACT OF INEQUITY AND BIAS ON CHILDREN, FAMILIES,  
25 CAREGIVERS, MENTAL HEALTH CONSULTANTS, AND PROVIDERS, AND  
26 STRATEGIES TO MITIGATE SUCH IMPACT;

27 (g) SENSORY PROCESSING ISSUES;

28 (h) THE NEEDS OF CHILDREN WITH DEVELOPMENTAL DELAYS AND  
29 DISABILITIES, INCLUDING CHILDREN BORN PREMATURELY OR WITH SPECIAL  
30 HEALTH CARE NEEDS, AND SPECIAL EDUCATION LAW;

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

32 (j) OCCUPATIONAL THERAPY, SPEECH THERAPY, PHYSICAL  
33 THERAPY, AND MENTAL HEALTH THERAPY;

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

35 (l) EARLY CHILDHOOD SOCIAL-EMOTIONAL DEVELOPMENT AND  
36 FAMILY SYSTEMS;

37 (m) EARLY CHILDHOOD MENTAL HEALTH DIAGNOSIS AND  
38 EFFECTIVE TREATMENT MODELS; AND

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

40 (3) THE PLAN MUST ALSO:

41 (a) ALLOW MENTAL HEALTH CONSULTANTS IN THE PROGRAM TO



1 ACCESS REGIONALLY APPROPRIATE AND CULTURALLY RESPONSIVE  
2 PROGRAMS TO BEST LINK THEM TO THE CHILDREN AND FAMILIES IN THEIR  
3 COMMUNITIES AND THEIR UNIQUE NEEDS;

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

7 (c) PROVIDE OPPORTUNITIES FOR REGULAR SUPPORT MEETINGS  
8 BETWEEN MENTAL HEALTH CONSULTANTS IN THE PROGRAM;  
9 SUPERVISORS, INCLUDING REFLECTIVE SUPERVISORS; AND PEER MENTAL  
10 HEALTH CONSULTANTS. THE SUPPORT MEETINGS MUST INCLUDE  
11 REFLECTIONS ON THE PRACTICE IMPACT OF ATTITUDES AND VALUES.

12 **26-6.5-405. Statewide qualifications and competencies for**  
13 **early childhood mental health consultants.** THE DEPARTMENT SHALL  
14 ENSURE THAT EACH MENTAL HEALTH CONSULTANT FUNDED THROUGH THE  
15 PROGRAM MEETS THE QUALIFICATIONS AND COMPETENCIES OUTLINED IN  
16 THE PROGRAM AS DESIGNED AND DEVELOPED PURSUANT TO THIS PART 4.

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

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