

Second Regular Session  
Seventy-second General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. 20-0360.01 Jane Ritter x4342

HOUSE BILL 20-1006

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HOUSE SPONSORSHIP

McCluskie and Sirota,

SENATE SPONSORSHIP

Pettersen and Story,

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House Committees

Public Health Care & Human Services  
Appropriations

Senate Committees

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A BILL FOR AN ACT

101 CONCERNING CREATION OF A STATEWIDE PROGRAM OF EARLY  
102 CHILDHOOD MENTAL HEALTH CONSULTATION.

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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.



1           (2) "MENTAL HEALTH CONSULTANT" MEANS AN EARLY CHILDHOOD  
2 MENTAL HEALTH CONSULTANT WHO MEETS THE QUALIFICATIONS  
3 OUTLINED IN THE PROGRAM DESIGNED AND DEVELOPED PURSUANT TO THIS  
4 PART 4.

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

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

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

1 WITH CHILDREN FACING BEHAVIORAL HEALTH CHALLENGES, EARLY CHILD  
2 CARE AND EDUCATION PROVIDERS, AND CLINICIANS WITH EXPERTISE IN  
3 INFANT AND EARLY CHILDHOOD MENTAL HEALTH.

4 (c) THE DEPARTMENT SHALL COORDINATE WITH  
5 COMMUNITY-BASED ORGANIZATIONS TO ENSURE THE EFFECTIVE  
6 IMPLEMENTATION OF THE PROGRAM AND MODEL OF CONSULTATION  
7 ESTABLISHED PURSUANT TO SECTION 26-6.5-403, AS WELL AS SUPPORT  
8 THE AVAILABILITY OF RESOURCES ACROSS THE STATE TO SUPPORT THE  
9 PROGRAM AND THE MENTAL HEALTH CONSULTANTS IN THEIR WORK.

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

11 (a) INCREASE THE NUMBER OF QUALIFIED AND APPROPRIATELY  
12 TRAINED MENTAL HEALTH CONSULTANTS THROUGHOUT THE STATE WHO  
13 WILL CONSULT WITH PROFESSIONALS WORKING WITH CHILDREN ACROSS A  
14 DIVERSITY OF SETTINGS, AS WELL AS OTHER ADULTS, INCLUDING FAMILY  
15 MEMBERS, WHO DIRECTLY INTERACT WITH CHILDREN;

16 (b) SUPPORT AND PROVIDE GUIDANCE AND TRAINING, THROUGH  
17 VISITS WITH MENTAL HEALTH CONSULTANTS, TO FAMILIES, EXPECTING  
18 FAMILIES, CAREGIVERS, AND PROVIDERS ACROSS A DIVERSITY OF SETTINGS  
19 IN ADDRESSING THE HEALTHY SOCIAL-EMOTIONAL DEVELOPMENTAL  
20 NEEDS OF CHILDREN AND FAMILIES DURING THE PRENATAL PERIOD  
21 THROUGH EIGHT YEARS OF AGE;

22 (c) DEVELOP A DEFINED MODEL OF CONSULTATION FOR THE STATE  
23 PURSUANT TO SECTION 26-6.5-403 THAT INCLUDES QUALIFICATIONS FOR  
24 MENTAL HEALTH CONSULTANTS, JOB EXPECTATIONS, EXPECTED  
25 OUTCOMES, AND GUIDANCE ON RATIOS BETWEEN MENTAL HEALTH  
26 CONSULTANTS AND THE SETTINGS THEY SUPPORT;

27 (d) DEVELOP AND MAINTAIN A STATEWIDE PROFESSIONAL

1 DEVELOPMENT PLAN PURSUANT TO SECTION 26-6.5-404 THAT ASSISTS THE  
2 MENTAL HEALTH CONSULTANTS IN MEETING THE EXPECTATIONS SET  
3 FORTH IN THE MODEL OF CONSULTATION ESTABLISHED PURSUANT TO  
4 SECTION 26-6.5-403; AND

5 (e) ESTABLISH A STATEWIDE CERTIFICATION PROCESS FOR MENTAL  
6 HEALTH CONSULTANTS AND PUBLISH A LIST OF CERTIFIED MENTAL HEALTH  
7 CONSULTANTS WHO VOLUNTARILY AGREE TO BE INCLUDED ON THE LIST  
8 PURSUANT TO SECTION 26-6.5-405.

9 **26-6.5-403. Model of early childhood mental health**  
10 **consultation - standards and guidelines - qualifications.** (1) ON OR  
11 BEFORE JULY 1, 2021, THE DEPARTMENT SHALL DESIGN AND DEVELOP A  
12 MODEL OF CONSULTATION FOR THE STATE THAT INCLUDES  
13 QUALIFICATIONS FOR MENTAL HEALTH CONSULTANTS, JOB EXPECTATIONS,  
14 EXPECTED OUTCOMES, AND GUIDANCE ON RATIOS BETWEEN MENTAL  
15 HEALTH CONSULTANTS AND THE SETTINGS THEY SUPPORT, REFERRED TO  
16 IN THIS SECTION AS "THE MODEL". THE MODEL MUST INCLUDE STANDARDS  
17 AND GUIDELINES TO ENSURE THE PROGRAM IS IMPLEMENTED EFFECTIVELY,  
18 WITH PRIMARY CONSIDERATION GIVEN TO EVIDENCE-BASED SERVICES. THE  
19 STANDARDS AND GUIDELINES MUST INCLUDE:

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

1           (b) EXPECTATIONS FOR THE PLACEMENT OF REGIONAL  
2 CONSULTANTS THAT WILL MOST EFFECTIVELY MEET LOCAL COMMUNITY  
3 NEED FOR MENTAL HEALTH CONSULTANTS. THE DEPARTMENT SHALL, AT  
4 LEAST EVERY THREE YEARS, CONDUCT AN OPEN AND COMPETITIVE  
5 SELECTION PROCESS FOR THE PLACEMENT OF ANY PUBLICLY FUNDED  
6 MENTAL HEALTH CONSULTANTS.

7           (c) GUIDANCE CONCERNING THE SCOPE OF WORK THAT MENTAL  
8 HEALTH CONSULTANTS MAY PROVIDE TO PROFESSIONALS WORKING WITH  
9 YOUNG CHILDREN AND FAMILIES, INCLUDING TRAINING, COACHING,  
10 PREVENTION, AND ANY OTHER APPROPRIATE SERVICES;

11           (d) METHODS TO INCREASE THE AVAILABILITY OF BILINGUAL OR  
12 MULTILINGUAL MENTAL HEALTH CONSULTANTS AND OTHERWISE ENSURE  
13 THE CULTURAL COMPETENCY OF MENTAL HEALTH CONSULTANTS;

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

25           (f) ANTICIPATED OUTCOMES THAT THE PROGRAM AND MENTAL  
26 HEALTH CONSULTANTS SHOULD ACHIEVE, INCLUDING:

27           (I) PROMOTING SOCIAL-EMOTIONAL GROWTH AND DEVELOPMENT

1 OF CHILDREN;

2 (II) PROVIDING GUIDANCE TO PROFESSIONALS AND CAREGIVERS  
3 ABOUT EFFECTIVE WAYS TO SUPPORT CHILDREN'S POSITIVE BEHAVIOR AND  
4 DEVELOPMENT;

5 (III) UNDERSTANDING THE EFFECTS OF TRAUMA AND ADVERSITY  
6 ON THE DEVELOPING BRAIN TO ULTIMATELY REDUCE CHALLENGING  
7 BEHAVIORS AND INCREASE POSITIVE EARLY EXPERIENCES;

8 (IV) PROMOTING HIGH QUALITY INTERACTIONS AND  
9 RELATIONSHIPS BETWEEN CHILDREN AND ADULTS;

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

12 (VI) CONNECTING CHILDREN, FAMILIES, AND PROVIDERS TO  
13 PROGRAMS, RESOURCES, AND SUPPORTS THAT WILL ASSIST THEM IN THEIR  
14 DEVELOPMENT AND SUCCESS WHILE ADDRESSING BARRIERS TO ACCESSING  
15 SUCH RESOURCES AND SUPPORTS; AND

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

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

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

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

- 8 (a) TRAUMA AND TRAUMA-INFORMED PRACTICES;
- 9 (b) ADVERSE CHILDHOOD EXPERIENCES;
- 10 (c) RESILIENCE;
- 11 (d) CHILD DEVELOPMENT THROUGH EIGHT YEARS OF AGE;
- 12 (e) EFFECTS OF CAREGIVER SUBSTANCE ABUSE;
- 13 (f) SENSORY PROCESSING ISSUES;
- 14 (g) NEEDS OF CHILDREN WITH DISABILITIES, INCLUDING SPECIAL  
15 EDUCATION LAW;
- 16 (h) COLORADO'S CHILD PROTECTION AND FOSTER CARE SYSTEM;
- 17 (i) OCCUPATIONAL THERAPY, SPEECH THERAPY, PHYSICAL  
18 THERAPY, AND MENTAL HEALTH THERAPY;
- 19 (j) OTHER PUBLIC AND PRIVATE SUPPORTS AND SERVICES;
- 20 (k) EARLY CHILDHOOD SOCIAL-EMOTIONAL DEVELOPMENT AND  
21 FAMILY SYSTEMS; AND
- 22 (l) CONSULTATION AS A MODEL OF ADULT LEARNING.

23 (3) THE PLAN MUST ALSO:

- 24 (a) ALLOW MENTAL HEALTH CONSULTANTS TO RECEIVE  
25 REGIONALLY APPROPRIATE AND CULTURALLY RESPONSIVE PROGRAMS TO  
26 BEST LINK THEM TO THE CHILDREN AND FAMILIES IN THEIR COMMUNITIES  
27 AND THEIR UNIQUE NEEDS;



1 (b) INCLUDE STRATEGIES FOR MENTAL HEALTH CONSULTANTS TO  
2 ESTABLISH INDIVIDUALIZED COACHING AS REQUESTED BY TEACHERS,  
3 CAREGIVERS, AND FAMILIES; AND

4 (c) PROVIDE OPPORTUNITIES FOR REGULAR SUPPORT MEETINGS  
5 BETWEEN MENTAL HEALTH CONSULTANTS, SUPERVISORS, AND PEER  
6 MENTAL HEALTH CONSULTANTS.

7 **26-6.5-405. Statewide certification process for early childhood**  
8 **mental health consultants - published list.** ON OR BEFORE JULY 1, 2022,  
9 THE DEPARTMENT SHALL ESTABLISH A STATEWIDE CERTIFICATION  
10 PROCESS FOR EARLY CHILDHOOD MENTAL HEALTH CONSULTANTS. THE  
11 DEPARTMENT SHALL PUBLISH, ON A PUBLICLY ACCESSIBLE WEBSITE, A LIST  
12 OF CERTIFIED MENTAL HEALTH CONSULTANTS WHO HAVE VOLUNTARILY  
13 AGREED TO BE ON SUCH LIST. THE LIST MUST INCLUDE WAYS VARIOUS  
14 EARLY CHILDHOOD PROVIDERS CAN READILY ACCESS A CERTIFIED MENTAL  
15 HEALTH CONSULTANT. THE LIST MUST ALSO BE AVAILABLE TO ENTITIES  
16 THAT PROVIDE INFRASTRUCTURE AND SUPPORT FOR MENTAL HEALTH  
17 CONSULTANTS.

18 **26-6.5-406. Data collection - reporting.** (1) ON OR BEFORE JULY  
19 1, 2022, THE DEPARTMENT SHALL DEVELOP A STATEWIDE DATA  
20 COLLECTION AND INFORMATION SYSTEM TO ANALYZE IMPLEMENTATION  
21 DATA AND SELECTED OUTCOMES TO IDENTIFY AREAS FOR IMPROVEMENT,  
22 PROMOTE ACCOUNTABILITY, AND PROVIDE INSIGHTS TO CONTINUALLY  
23 IMPROVE CHILD OUTCOMES. THE DATA COLLECTION AND INFORMATION  
24 SYSTEM, AND ANY RELATED PROCESSES, MUST PLACE THE LEAST BURDEN  
25 POSSIBLE ON THE MENTAL HEALTH CONSULTANTS.

26 (2) NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE  
27 DEPARTMENT SHALL, BEGINNING IN 2022 AND CONTINUING EVERY TWO

1 YEARS THEREAFTER, IN ITS PRESENTATION TO THE JOINT BUDGET  
2 COMMITTEE OF THE GENERAL ASSEMBLY, AS WELL AS ITS PRESENTATION  
3 TO ITS COMMITTEE OF REFERENCE AT A HEARING HELD PURSUANT TO  
4 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR  
5 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)  
6 GOVERNMENT ACT" IN JANUARY 2026, REPORT ON THE FOLLOWING  
7 ISSUES:

8 (a) A GAP ANALYSIS OF THE AVAILABLE NUMBER OF MENTAL  
9 HEALTH CONSULTANTS AND THE UNMET NEED; AND

10 (b) IDENTIFIED ADJUSTMENTS TO BETTER MEET MENTAL HEALTH  
11 CONSULTANT CASELOAD, WITH THE DEPARTMENT IDENTIFYING A TARGET  
12 NUMBER OF NEEDED CONSULTANTS.

13 (3) ON OR BEFORE AUGUST 1, 2025, THE DEPARTMENT SHALL  
14 CONTRACT WITH AN INDEPENDENT THIRD PARTY TO CONDUCT AN  
15 EVALUATION, USING STANDARD EVALUATION MEASURES, OF THE  
16 PROGRAM AND ITS IMPACT ON EARLY CHILDHOOD AND PROGRAM  
17 OUTCOMES ACROSS THE STATE. THE DEPARTMENT SHALL PRESENT THE  
18 RESULTS OF THE EVALUATION AS PART OF ITS PRESENTATION TO ITS  
19 COMMITTEE OF REFERENCE AT A HEARING HELD PURSUANT TO SECTION  
20 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR ACCOUNTABLE,  
21 RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" IN  
22 JANUARY 2026.

23 **26-6.5-407. Funding support.** THE DEPARTMENT OF HUMAN  
24 SERVICES AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING  
25 SHALL EXPLORE FUNDING OPTIONS FOR THE PROGRAM AND GENERALLY  
26 IMPROVING ACCESS TO MENTAL HEALTH CONSULTANTS, INCLUDING  
27 ACCESSING VARIOUS FUNDING SOURCES, AS WELL AS THE CHILDREN'S

1 BASIC HEALTH PLAN, AS DEFINED IN ARTICLE 8 OF TITLE 25.5, AND  
2 MEDICAID. THE TWO DEPARTMENTS SHALL REPORT, ON OR BEFORE  
3 JANUARY 1, 2022, ON ANY SUCH OPTIONS TO THE JOINT BUDGET  
4 COMMITTEE OF THE GENERAL ASSEMBLY AS NECESSARY THEREAFTER, IN  
5 ACCORDANCE WITH THE PROVISIONS OF SECTION 24-1-136.

6 **SECTION 2. Act subject to petition - effective date.** This act  
7 takes effect at 12:01 a.m. on the day following the expiration of the  
8 ninety-day period after final adjournment of the general assembly (August  
9 5, 2020, if adjournment sine die is on May 6, 2020); except that, if a  
10 referendum petition is filed pursuant to section 1 (3) of article V of the  
11 state constitution against this act or an item, section, or part of this act  
12 within such period, then the act, item, section, or part will not take effect  
13 unless approved by the people at the general election to be held in  
14 November 2020 and, in such case, will take effect on the date of the  
15 official declaration of the vote thereon by the governor.