



EARLY MILESTONES COLORADO

INFANT AND EARLY CHILDHOOD MENTAL HEALTH IN COLORADO: A DECADE OF PROGRESS, CHALLENGES, AND POSSIBILITIES

Introduction

In the past decade, Colorado has made progress in improving mental health support for children from prenatal to age eight and their families. The state has put many important recommendations from reports like *Young Minds Matter* (2015) and *Early Childhood Mental Health Colorado* (2013) into action. Still, there are chances to improve whole-family wellness, prevention, early identification, and access to services. This brief looks at Colorado's work in changing early childhood mental health, focusing on successes and pointing out areas where more collaboration can help families thrive.

What is Infant and Early Childhood Mental Health?

Mental health in babies and young children covers how they develop emotionally, socially, and mentally from birth until age eight. A child's mental health is shaped by genetics, family relationships, their neighborhood, family income, and access to healthcare. To properly support young children's mental health, we need different groups working together—like doctors, teachers, and community organizations. We also need research-proven methods and helpful government policies that ensure children and their families have what they need to thrive.

Progress Achieved

Over the last ten years, Colorado has made great progress in improving mental health support for babies and young children through several key changes:



More people now understand why early childhood mental health matters. This has led to more funding and resources for programs that help young kids develop in healthy ways. Since 2015, over 30 laws have been passed to improve mental health for young children and families.



It's easier for families to get mental health help for their young children. For example, many pediatricians' offices now have mental health specialists who can work with families during regular checkups. Major changes to Colorado's Medicaid program, [Health First Colorado](#), have helped integrate primary and behavioral health care.



Colorado has focused on better training for mental health providers who work with young children. These professionals are better equipped to help kids struggling with emotional or behavioral challenges. Organizations like the [Colorado Association for Infant Mental Health](#) and programs like [Right Start for Colorado](#) offer opportunities for training and communities of practice.



Groups helping children—such as doctors, teachers, and social workers—collaborate more closely. This team approach ensures that families get all the help they need. State agencies are also improving coordination, as seen with the creation of the [Colorado Department of Early Childhood](#) (CDEC) and the [Behavioral Health Administration](#).

Challenges Faced

Even though Colorado has made progress, there are still several issues that make it hard to provide infant and early childhood mental health services effectively:



In addition to these barriers, Colorado is also facing new circumstances for children and families. The COVID-19 pandemic hit hardest in communities of color and those with fewer opportunities. This has contributed to high levels of anxiety and depression among Colorado's youth. Additionally, Colorado has welcomed many immigrant families, many of whom have young children in need of mental health support. The landscape continues to change with new federal funding challenges that need close attention.

Evidence Based Practices

Research shows that certain proven methods are essential for supporting infant and early childhood mental health (IECMH). These approaches help both children and their families get the support they need.

Regular Checkups



Regular checkups and screenings can catch problems early. Just like doctors monitor babies' physical growth, specialists can assess their emotional and mental development. This helps families get assistance before problems worsen.

Parent-Child Interaction Therapy



Another helpful approach is Parent-Child Interaction Therapy, or PCIT. This type of therapy helps parents and children build stronger relationships by teaching parents new ways to interact with their children during everyday activities and playtime.

Trauma-Informed Care



Many programs now use trauma-informed care, which means they understand that difficult experiences can deeply affect young children. These programs create safe spaces where children can heal and feel supported. Legislation passed in the last decade funds programs to improve mental health for caregivers and children, recognizing the importance of addressing trauma early.

Home Visiting Programs



Home visiting programs are also valuable - trained professionals visit families at home to teach parenting skills and support healthy child development. This makes it easier for busy families to get help since they don't have to travel to appointments. The creation of the CDEC increased access to family support programs across the state, including home visiting programs like Home Instruction for Parents of Preschool Youngsters, Nurse Family Partnership, and Parents as Teachers.

Mental Health Integration



Lastly, many places now combine mental health services with regular doctor visits and preschool programs. Colorado's State Innovation Model helped primary care practices and Community Mental Health Centers integrate physical and behavioral health statewide to promote this approach. This makes it simpler for families to get all the care they need in one place, rather than going to multiple locations.

Recommendations

To advance mental health support for Colorado's young children, here are the suggested next steps:



Grow the workforce

Offering more training and career development can help us build a team of skilled professionals from different backgrounds. It's especially important to hire people from rural areas and places that don't have enough mental health services.



Prioritize funding

Despite a challenging funding landscape at state and federal levels, we can continue to explore new ways to pay for early childhood mental health programs. This could include partnerships between government and private companies or special funding arrangements where investors are paid back based on the program's success.



Expand our knowledge

We need to gather more information and do research on early childhood mental health. This will help Colorado understand what young children and families need, and show which programs work best.



Improve communication and collaboration

Better communication between healthcare providers, schools, and other services helps families receive support. Organizations should collaborate with local communities to tailor programs to their specific needs.



Eliminate barriers

This means running public education campaigns to reduce mental health care stigma and ensuring our services respect and work well for families from all cultural backgrounds. Expanding video appointments can also increase the accessibility of mental health services for families. This is particularly helpful for those residing in remote areas or accessing care.



Expand programs that work

By using proven methods in more places, we can make sure families get high-quality care that helps.



Advocate

We can keep pushing for new laws and policies that support young children's mental health. This includes addressing poverty and discrimination that can affect children's wellbeing.

Colorado has improved at supporting young children's mental health over the last ten years. While the goals and recommendations in this report are like earlier ones, the environment and context for advocates and experts have changed. As the landscape evolves, potential federal funding challenges should be closely monitored. The state can keep strengthening a system that helps all young children and their families thrive by moving forward with these recommendations.

The foundation for sound mental health is built early in life, as early experiences – which include children's relationships with parents, caregivers, relatives, teachers, and peers – shape the architecture of the developing brain.



Legislation Timeline

Since 2015, over 30 laws have been passed to improve mental health outcomes for young children and families. Based on recommendations from the Young Minds Matter and Early Childhood Mental Health Environmental Scan, these laws have enhanced access to services, program delivery, funding, workforce support, and coordination between agencies. The following highlights provide an overview of these legislative successes and their connection to IECMH. They do not cover all relevant regulatory and policy developments.

2014



2014 Regulatory Changes Related to Postpartum Depression Screenings

| Financing |

Allows pediatric primary care providers to bill for up to three postpartum depression screenings for mothers during well-child checks, using the infant's Medicaid ID. Ensuring maternal mental health is crucial for giving all children a healthy start in life.

2016



HB16-1407 Extend Medicaid Payment Reform Pilot Program

| Financing |

Allowed for the continuation of payment reform efforts and specifying ongoing reporting requirements and criteria for evaluation. This legislation acknowledges the social-emotional needs of children and the advantage of providing services without needing a diagnosis, which can be hard to determine, especially for kids under five.



HB16-1242 Supplemental Appropriation to the Colorado Department of Human Services

| Workforce |

Uses federal funding to double the number of Early Childhood Mental Health Specialists working in Colorado from 17 to 34. Early Childhood Mental Health Specialists can support parents and educators in implementing prevention-oriented strategies.

Legislation Timeline

2017



SB17-068 School Counselors Early Support for Students

| Workforce |

Expands eligibility for elementary schools to apply for funding through two competitive grant programs within the Colorado Department of Education. Counseling programs in elementary years have been associated with reductions in children's hyperactive, defiant, and aggressive behaviors and improvements in parents' behavior and parenting skills.

2018



HB18-1094 Children and Youth Mental Health Treatment Act

| Access and Delivery |

Reauthorizes the Child Mental Health Treatment Act with changes such as using a standardized risk tool for evaluations, expanding the definition of "mental health agency," maintaining a public list of providers, and revising advisory board membership.



2018 Section 1915(b) Waiver Approval

| Financing |

Provides the federal authority to establish the ACC as a mandatory program and create single regional managed care entities responsible for promoting physical and behavioral health for members. Having one entity will improve the member experience by creating one point of contact and clear accountability for whole-person care.

Legislation Timeline

2019



HB19-1017 Kindergarten through Fifth Grade Social and Emotional Health Act

| Access and Delivery |

Requires the Colorado Department of Education to select up to ten schools to participate in a pilot program that provides a school mental health professional within elementary schools.



HB21-1304 Creation of the Department of Early Childhood / HB22-1295 Department of Early Childhood and Universal Preschool Program

| Governance and Systems Alignment |

Creates a new cabinet-level department to promote alignment and improve access to high-quality early childhood and family support programs, including supports that improve early childhood mental health, such as home visiting, early childhood mental health consultation, and other effective options for helping young children manage emotions and build healthy relationships.



HB19-1193 Behavioral Health Supports for High-Risk Families

| Access and Delivery |

Encourages healthcare practitioners and county agencies to identify pregnant and parenting women for a needs assessment and create a cash fund within the Office of Behavioral Health to increase capacity to serve high-risk parents and to provide residential substance use disorder treatment.

2021



HB21-1097 Establish Behavioral Health Administration / SB22-1278 Creation of Behavioral Health Administration

| Governance and Systems Alignment |

The Behavioral Health Administration (BHA) within the Colorado Department of Human Services was created to transform mental health care and substance use treatment in Colorado.

Legislation Timeline

2022



HB22-1289 Health Benefits for Colorado Children and Pregnant Persons

| Access and Delivery |

Provides full health insurance coverage for Colorado pregnant people eligible for Medicaid and CHIP, regardless of immigration status, and continues coverage for 12 months postpartum.



HB22-1302 Healthcare Practice Transformation

| Access and Delivery |

Creates a grant program within the Colorado Department of Health Care Policy and Financing (HCPF) to integrate primary care and behavioral health statewide, supporting evidence-based care models and creating a universal contract for behavioral health services. This funding has been used by some primary care and pediatric practices to implement evidence-based early childhood mental health programs such as Healthy Steps.



SB22-213 Child Care Support Programs

| Financing |

Extends and develops programs to support the stability of the early childhood sector, including \$5,000,000 dedicated to the recruitment and retention of home visitors, early childhood mental health consultants, and early intervention providers. However, over half of the ECMHC program budget is funded through temporary funds that expire in 2024.



HB22-1289 Health Benefits for Colorado Children and Pregnant Persons

| Access and Delivery |

Provides full health insurance coverage for Colorado pregnant people eligible for Medicaid and CHIP, regardless of immigration status, and continues coverage for 12 months postpartum.



SB22-147 Behavioral Healthcare Services for Children

| Access and Delivery |

Creates the University of Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP) to support primary care providers in identifying and treating mild to moderate behavioral health conditions in primary care and school-based health settings

Legislation Timeline



HB22-1369 Children's Mental Health Programs

| Financing |

Allocates \$2,000,000 to support programs that enhance the mental health and development of caregivers and young children

2023



SB23-174: Access to Behavioral Health Services for Individuals Under 21

| Access and Delivery |

This program provides Medicaid members under 21 years of age with access to limited behavioral health services without a covered diagnosis. It allows for greater access to and payment for vitally important services without a formal diagnosis.



HB23-1300 Continuous Eligibility Medical Coverage

| Access and Delivery |

Requires HCPF to study and present recommendations on the feasibility of extending continuous eligibility coverage for children under three, including children eligible regardless of immigration status.

2024



HB22-1289 Health Benefits for Colorado Children and Pregnant Persons

| Access and Delivery |

Provides full health insurance coverage for Colorado pregnant people eligible for Medicaid and CHIP, regardless of immigration status, and continues coverage for 12 months postpartum.

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