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To Whom It May Concern:

We are writing to share our family's experience with the Colorado Child Mental Health Treatment Act (CMHTA). We can't emphasize enough the important role CMHTA has played in getting our son the necessary treatment for his mental health disorders. We are grateful to the advocates and lawmakers who first crafted the law and oversaw its implementation. While we wouldn't have necessarily known of a reason for CMHTA to exist prior to adopting our son, we can say with certainty now that the program's continued funding and existence is paramount if the state wishes to give young mental health patients a chance to get the potentially life-changing treatment they need and deserve.

We adopted our son from the African nation of Lesotho in March of 2010. At the time, he was 3.5 years old, having spent his entire life until that point in a privately run orphanage outside the capital city of Maseru. A local police report stated he had been found abandoned at birth and a weeks-long search for his biological family ended with no success.

His relationship with us was rocky from the beginning. Our son was constantly testing limits we placed on him and would violently rage for hours when asked to do simple things like go to bed. Obviously, attachment issues are common in adopted children, so we attempted to work through the problem.

Initially we tried to manage the situation on our own, spending those long hours working to comfort and calm him. When that didn't work, we turned to outside experts.

First we tried play therapy at a local mental health center. This seemed to have marginal effect on his behavior. At the same time, we also sought out medical treatments, including occupational therapy for some of his physical dysregulation. Child psychiatrists diagnosed him with ADHD and later other disorders including PTSD. Doctors have prescribed him a variety of medications over the years to treat the symptoms of the various disorders.

His education has been greatly impacted by his behavior. We enrolled him in preschool the Fall after adopting him. He struggled to socialize appropriately with his peers, getting into aggressive encounters. Over 2 years, the staff at two different early childhood education facilities had difficulties managing him and keeping everyone safe.

After staying in a general education classroom during kindergarten at a public school, but being kicked out of a summer camp program run by the school district, his violent outbursts in the classroom forced us to have him placed in a self-contained affective needs program in the Spring of his 1st grade year.

At home, his violence and defiance was taking an ever increasing toll on not only his relationship with the rest of his family, but also on our marriage. He would often attack our pets, us, and our younger children during escalated behaviors. He spent more time escalated than regulated.

In the Fall of 2014, while attending 2nd grade at the affective needs program in our public school district, he had a series of violent incidents in the classroom and at home that raised the level of concern as he started doing real harm to staff and family. He used a pencil to stab one staff member's hand and sprained the arm of another. He threatened to kill his family while physically beating Amber at home when he was disciplined for not following directions.

We made at least one trip to the Children's Hospital Psychiatric ER in Aurora before he was finally admitted to its in-patient psychiatric unit for an extended stay and evaluation in late October of 2014. After a couple of weeks in their care, the staff at Children's helped us place him at Mount Saint Vincent's (MSV) residential treatment program in Denver. At the time, our private insurance company agreed to a single payer agreement with MSV as it was not in their network of providers.

Our insurance company required weekly updates on his progress from the MSV case manager, re-authorizing his stay only for 7 days at a time. We knew that he needed an extended period of treatment at MSV, but had heard that private insurance companies usually only authorize this type of treatment for a month or two at most.

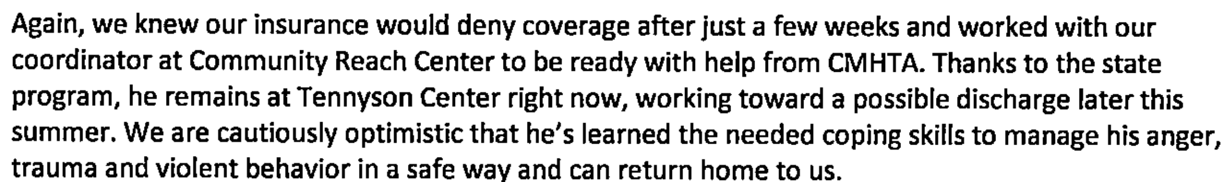
The staff at MSV pointed us to the CMHTA program as a way to continue funding his treatment after our insurance company denied this level of treatment at MSV. We contacted the Community Reach Center in Thornton, which manages the CMHTA program for Adams County. The coordinator was helpful in evaluating our son and preparing the necessary documents before our insurance company denied his residential treatment in early January of 2015.

The insurance company's denial letter, while expected, was a serious insult to our son's condition. Many mental health professionals told us that he required months of intense treatment and supervision from a trained staff. The denial letter suggested that our son wasn't getting better fast enough, but stated that he was probably still in need of long term treatment. The bottom line we took from the letter was that our son's long term treatment would cost the insurance company too much money even though it was medically necessary.

CMHTA also helped us fund his continued therapy in day treatment at MSV after his discharge from residential care in June of 2015. And the program subsidized in-home therapy and respite care (two treatments our private insurance never covers) for our son a couple times a month. That much needed break is important for parents like us dealing with a child who exhibits intense behaviors and puts incredible stress on his/her caregivers who have to constantly monitor his activities.

Unfortunately during the summer of 2016, our son again became dangerously violent, taking knives from our kitchen and threatening to kill us and attack our younger children. He often left marks and bruises that would last weeks or months. He also attacked Amber at our local fitness center's outdoor pool once, threatening to kill her and trying to choke her.

After involving the local police a few times (there was little they could/would do since he was under 10), we took him to our local ER after one incident where he ran away from Michael and then attacked the police officers who found him. We eventually made our way back to Children's in-patient psychiatric program where he spent a couple of weeks before being placed again in a residential program in early October 2016, this time at the Tennyson Center for Children in Denver.



Again, we knew our insurance would deny coverage after just a few weeks and worked with our coordinator at Community Reach Center to be ready with help from CMHTA. Thanks to the state program, he remains at Tennyson Center right now, working toward a possible discharge later this summer. We are cautiously optimistic that he's learned the needed coping skills to manage his anger, trauma and violent behavior in a safe way and can return home to us.

Without CMHTA in each case, we would have been forced to bring our son home from the residential treatment program before any real progress on his behavior was made. That path could have easily lead to a severe disruption in our family, possibly even resulting in life-threatening situations at home or out in the community. More importantly, it would have denied our son of the chance to find appropriate outlets for his behaviors under the close supervision of trained mental health professionals.

Intervening in our son's case at a young age is critical not only for our family stability, but for the stability of the larger community. If his behaviors aren't addressed and corrected at this early stage, he could become a disruptive force in the social fabric of Colorado, possibly costing the state many more tens-of-thousands of dollars through prosecution and incarceration.

Mental health needs for children are on the rise, and many are under-served. We know that research shows that the earlier a child receives intervention, the greater their chance for success. Additionally, intervention during childhood reduces the impact of mental health problems on adults which often lead to the need of community involvement from hospitals, police, fire, social services, and other agencies.

Clearly, the continued funding of the CMHTA program is in the long term interest of the state. Without it, families like ours wouldn't be able to get the needed mental health care for their children who are solely covered by private insurance companies. And while our son's issues stem largely from his abandonment and adoption, severe mental health disorders impact many biological children as well. Professionally treating their conditions over the necessary length of time is key in giving them a fighting chance to become productive members of our community.

Thank you for consideration of our testimony on this matter.

Sincerely,

Michael & Amber Choy