



COYAC
Colorado Youth Advisory Council

Memo

TO: Legislators and Staff
Colorado Youth Advisory Council Review Committee

FROM: Sarah E. Moss, MPA, Director; and Brenda Morrison, Program Manager
Colorado Youth Advisory Council

DATE: August 2, 2023

SUBJECT: 2023 policy proposals for interim committee

On behalf of the students of the 2022-23 Colorado Youth Advisory Council (COYAC), we are pleased to submit their policy proposals and representatives for the 2023 interim committee.

2023 interim committee members

- Mason Evans (he/him), Senate District 3
- Reese Van Dyke (she/her), Senate District 9
- Meghan Taylor (she/her), Senate District 12
- Siddharth (Sidd) Nareddy (he/him), Senate District 25
- Cate Preece (she/her), At Large
- Alternate: Camryn (Cami) Sample (she/her), Senate District 31
- Alternate: Eileen Farrell (she/her), Senate District 20

2022-23 COYAC members

Bold = executive committee

- Braylon Bruns, Senate District 1
- Meghan Taylor, Senate District 2
- Mason Evans, Senate District 3
- **Gabrielle Hooper, Senate District 4**
- Makena James, Senate District 8
- Reese Van Dyke, Senate District 10
- Aidan Magruder, Senate District 14
- **Scarlett Jeffries, Senate District 15**
- Rithi Prabhu, Senate District 16
- Anjana Radha, Senate District 17
- Megan Amasa, Senate District 18 –
Suicide Prevention Commission
representative
- Eileen Farrell, Senate District 20
- **Leigh Schmidt, Senate District 22**
- Aisha Ebadi, Senate District 23
- **Siddharth (Sidd) Nareddy, Senate
District 24**
- Marwa Ahmadzai, Senate District 25
- Ava Safavi, Senate District 26
- Cate Preece, Senate District 27
- Manognya Kuppa, Senate District 28
- Mbone Elango, Senate District 29
- **Bhavya Surapaneni, Senate
District 30**
- Alex Geldzahler, Senate District 31
- Camryn Sample, Senate District 32
- Skye O'Toole, Senate District 33
- **Sun Richardson, Senate District 35**
- Box Josiah Zavala, At-Large 1
- Jessica Buser, At-Large 2
- Wyeth Pahl, At-Large

COYAC staff

- Director: Sarah E. Moss, MPA
- Program Manager: Brenda Morrison
- 2022 Summer Assistant: Skye O'Toole
- 2023 Summer Assistant: Mason Evans
- 2023 Summer Assistant: Leigh Schmidt

Process

Students lead the COYAC policy work. During Fiscal Year 2022-23, COYAC students discussed dozens of problems, divided themselves into committees, and conducted research and outreach. The problem/solution memos on the following pages are the result of their research, outreach, and writing.



As the students generate the policy ideas, COYAC staff supports the students similarly to the way Legislative Council staff supports legislators. COYAC staff provides:

- Training on government roles and structures, nonpartisanship, the policy process, and research methods
- Timelines, work plans, and leadership coaching
- Templates and examples
- Recommendations for research sources and outreach meetings
- Planning and logistics for virtual meetings and in-person meetings including the fall retreat and spring day at the State Capitol
- Public speaking training and testimony rehearsals

In 2022-23, COYAC students formed committees to:

- Review applications from new members
- Serve as small group leaders/mentors to welcome new members
- Lead COYAC as an executive committee
- Research and address policy issues affecting youth

On the following pages are six policy proposals from COYAC students for the 2023 interim committee:

- [Youth Mental Health: Efforts to Increase the Number of Licensed Psychologists for Youth](#)
- [Violence Against Youth: Prevention, Intervention, and Response in Colorado Schools](#)
- [Asian-American History: Diversity & Representation in Education](#)
- [Resource Assistance in Public Schools](#)
- [Non-Legal Name Changes in Schools for Youth Ages 12-17](#)
- [Youth Gender-Affirming Care: Ensuring Widespread Provider Training and Knowledge](#)



Youth Mental Health: Efforts to Increase the Number of Licensed Psychologists for Youth

Problems

1) Colorado has a youth mental health crisis.

Data from the 2021 Healthy Kids Colorado Survey (HKCS) suggest that students across Colorado are severely struggling with their mental health.

- 39.6% of surveyed teens reported symptoms of depression (defined as experiencing feelings of sadness or hopelessness almost every day for at least 2 weeks) that prevented them from engaging in their usual activities.
- 46.8% reported that their stress levels are not manageable most days.
- 17.1% reported seriously considering suicide in the past year.
- 7.2% reported attempting suicide in the past 12 months.¹

Not a single one of these statistics represents an improvement from HKCS survey results in 2017 or 2019.

It is undeniable that COVID-19 has worsened people's mental health. Nationally, psychologists reported seeing a 74% rise in anxiety in their patients and a 60% rise in depression while treating people during the pandemic.² In 2019, 1,287 Coloradans lost their lives to suicide; this number

¹ Colorado Department of Public Health and Environment. (2021). *2021 HKCS Results - Key Takeaways by Topic.pdf.*, *Healthy Kids Colorado Survey.*
https://drive.google.com/file/d/1GPp_4xOOHKNNQmbUj3wbRfMBnAOTXd3w/view

² American Psychological Association (2022, November). *Telehealth Survey Summary.*
<https://www.apa.org/news/press/releases/2020/11/telehealth-survey-summary.pdf>

rose to 1,302 in 2020.³ The mental health of students in rural areas is at even greater risk, with almost half of Colorado's rural communities lacking access to a mental health provider.⁴

Additionally, the Colorado Department of Public Health and Environment found that while 33% of white Coloradans who died by suicide received mental health treatment, only 20.5% of Black Coloradans and 22.3% of Hispanic Coloradans received treatment.⁵ Access to mental health treatment varies across minority populations, putting them at a greater risk for mental health struggles.

2) Colorado has a shortage of licensed psychologists in schools.

The National Association of School Psychologists recommends a ratio of one school psychologist for every 500 students so that schools can provide comprehensive mental health services to students and families.⁶ However, during the 2021-2022 school year, the Colorado Department of Education found that 124 of the 188 designated school districts in Colorado had zero licensed school psychologists. Of the remaining 64 districts, 31 districts had a student-to-psychologist ratio of over 1,000 students for every 1 licensed psychologist.⁷ This is extremely detrimental to the well-being of students because lower student-to-psychologist ratios allow students to develop stronger relationships with their school psychologists and therefore improve patient outcomes.⁸

³ Centers for Disease Control and Prevention. (2022, March 1). *Stats of the State - Suicide Mortality*. <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

⁴ Lopez, Meghan. (2022, May 31). Nearly Half of Colorado's Rural Counties Are without a Mental Health Provider. *The DenverChannel, KMGH-TV*. <https://www.thedenverchannel.com/news/local-news/nearly-half-of-colorados-rural-counties-are-without-a-mental-health-provider>

⁵ Phu, Kimberly. (2021, January 26). *Suicide in Colorado*. Colorado Health Institute. <https://www.coloradohealthinstitute.org/research/suicide-colorado>

⁶ National Association of School Psychologists (NASP). *Shortage of School Psychologists*. <https://www.nasponline.org/research-and-policy/policy-priorities/critical-policy-issues/shortage-of-school-psychologists>

⁷ Colorado Department of Education. (2022). *District Psychologist Report 2021-2022*. https://www.cde.state.co.us/cdereval/2021-22districtpsychologistreport_pdf

⁸ Norcross, John C., and Michael J. Lambert. (2018). *Psychotherapy Relationships That Work III*. Edited by Jesse Owen, vol. 55, Oxford University Press. Retrieved 23 June 2022 <https://psycnet.apa.org/fulltext/2018-51673-001.html>

3) It is difficult to become a licensed psychologist in Colorado.

In Colorado, there are simply not enough licensed psychologists to meet the demands for professional mental health support.⁹ The lack of available psychologists is correlated with the lengthy and expensive education required to pursue psychology degrees in the state of Colorado. Specifically, it can take up to 10 years and 3,000 hours of supervised counseling to become a licensed psychologist in Colorado.¹⁰ This education can cost up to \$109,000 for Colorado residents.¹¹ Considering that the cost of living in Colorado is a top concern for residents, these numbers pose barriers to college students pursuing careers in psychiatry.¹² Thus, the time and cost it takes to become a licensed psychologist contributes to the inability of schools to hire counselors that will sufficiently support the mental health needs of their students.

4) School psychologists who receive training in Colorado end up leaving.

From the significant time and cost burdens associated with becoming a school psychologist along with a high turnover rate amidst the pandemic, Colorado faces a major shortage of school psychologists. Even with money from the Legislative Behavioral Task Force being dedicated to hiring more mental health workers, the issue lies with the fact that there is simply no one to hire.¹³ A large contributor to this issue is the fact that many students come to Colorado to receive training/education in psychology, yet many end up leaving the state. Programs present in Colorado frequently rank amongst the top programs in the nation for psychology which is a major attracting factor for students who wish to pursue psychology. However, many of these students end up leaving the state for reasons such as high living costs, and low salaries. From

⁹ Brown, Jennifer. (2021, December 11). Colorado Has Half a Billion Dollars to Fix Its Mental Health System. but First It Needs Workers. *The Denver Post*.
<https://www.denverpost.com/2021/12/12/mental-health-costs-worker-shortage/>

¹⁰ Careers in Psychology. (2021, September 6). *How to Become a Psychologist in Colorado*.
<https://careersinpsychology.org/how-to-become-a-psychologist-in-colorado/>

¹¹ Taming The High Cost of College. (2020, March 26). *Net Price of Colorado Colleges by Income*.
<https://tamingthehighcostofcollege.com/net-price-of-colorado-colleges-by-income/>

¹² Montoya, Austin. (2021, December 14 Dec). Watch: The Cost of Living Is Top of Mind for Coloradans. *Colorado Health*, The Colorado Health Foundation.
<https://coloradohealth.org/insights/good-health/watch-cost-living-top-mind-coloradans>

¹³ Brown, J. (2021, December 13). Colorado has \$450m to fix its mental health system, but it won't work without workers. *The Fort Collins Coloradoan*.
<https://www.coloradoan.com/story/news/2021/12/12/colorado-mental-health-care-patients-state-funding-worker-therapist-shortage/6469824001/>

data reported by CU Denver Department of Psychology from 2012 to 2022, only 16.5% of program graduates remained to become licensed psychologists.¹⁴

Solutions

1) Offer financial relief for individuals practicing in the capacity of a school psychologist.

Colorado should provide financial relief for individuals practicing in the capacity of a school psychologist. This financial relief will incentivize becoming a psychologist to increase the number of available student-serving mental health professionals in Colorado. This proposed financial relief should come in the form of increased student loan relief for those who are committing to practicing psychology within the state of Colorado, especially in underserved regions. By making education more affordable for aspiring psychologists, Colorado will take a step towards meeting the demand for professional mental health support for youth across the state. While certain measures/programs in Colorado go towards this goal, they do not adequately address the root of the problem.¹⁵ For example, the Special Services Provider Stipend (SSPS) offered by the Colorado Center of Rural Education offers stipends for special service providers, including school psychologists. However, these stipends are intended for usage at end-stage fees such as application fees for licensure – which does not address the primary barrier to becoming a school psychologist: tuition and student loans.¹⁶ Even covering a portion of the cost that it takes to get a psychiatric license would greatly increase the number of people who could seize this opportunity.

2) Provide financial relief on the condition that the recipient remains in-state for a set number of years following their higher education.

While Colorado has excellent school psychologist training, multiple factors such as high living costs and low salaries repel school psychologists from staying in Colorado after their training. Many move out of state after training seeking more benefits. To increase mental health support

¹⁴ University of Colorado Denver. (2022, August 1). *PsyD Student Admissions, Outcomes, and Other Data*. University of Colorado Denver. https://education.ucdenver.edu/docs/librariesprovider16/student-resources/psyd-outcomes.pdf?sfvrsn=66d779bb_0

¹⁵ Colorado Department of Higher Education. (n.d.). *Temporary educator loan forgiveness program*. <https://cdhe.colorado.gov/programs-and-services/programs/k-12-educator-stipends-resources/temporary-educator-loan-forgiveness>

¹⁶ Colorado Center for Rural Education. (n.d.). *Special Services Provider Stipend*. University of Northern Colorado. https://www.unco.edu/colorado-center-for-rural-education/stipends/special_services_provider_stipend/

statewide, Colorado should grant financial relief contingent on the recipient remaining to practice as an in-state school psychologist for a set amount of time: three years). For each year, a set amount of financial relief shall be granted up to a certain maximum. Additionally, in order to receive the loan forgiveness, individuals must practice/be employed in a district where no licensed school psychologists currently exist, as determined by a report from the Colorado Department of Education.¹⁷

Several states use this practice of segmented loan forgiveness. For example, Kansas has a program to encourage people to move to their rural counties that forgives a set amount of loans up to a maximum of \$15,000 over five years.¹⁸ This contingency will ensure that students offered financial relief are able to truly support the mental health demands of the state and that the state is subsequently able to support psychologists in this endeavor.

¹⁷ Colorado Department of Education. (2022). *District Psychologist Report 2021-2022*.
https://www.cde.state.co.us/cdereval/2021-22districtpsychologistreport_pdf

¹⁸ Keller, C. (2023, June 5). *Rural opportunity zones (roz)*. Kansas Department of Commerce.
<https://www.kansascommerce.gov/program/taxes-and-financing/rural-opportunity-zones-roz/>



Violence Against Youth: Prevention, Intervention, and Response in Colorado Schools

Problems

1) Schools in Colorado aren't safe, and violence against and committed by youth is not well understood or well studied.

Colorado, as the 21st most populous state, has the fifth-highest rate of mass shootings and 10th-highest rate of school shootings in the United States.¹⁹ Additionally, a report from *The Denver Post* found that since 1999, the Denver metro area has had more school shootings per million people than any of the other 24 large metropolitan areas in the United States.²⁰ As students living in districts including Douglas County, Jefferson County, Arapahoe County and Boulder County, our communities still feel the lingering effects of:

- the 1999 Columbine High School shooting
- the 2019 STEM School shooting
- the 2019 STEM School shooting
- the 2013 Arapahoe High School shooting
- the 2021 Boulder supermarket shooting near the University of Colorado and Fairview High School.

Coloradans feel the state has “a disproportionate amount of gun violence,” and public health and society experts think that Columbine’s contagion effect and a general feeling of learned

¹⁹ Palmer, E. (2021, March 23). Does Colorado suffer more mass shootings than other states?. *Newsweek*. <https://www.newsweek.com/boulder-colorado-mass-shootings-columbine-1578114>

²⁰ Wingerter, M. (2019, May 11). Denver area sees more school shootings by population than nation’s largest metro areas, analysis shows. *The Denver Post*. <https://www.denverpost.com/2019/05/12/denver-colorado-school-shootings/>

helplessness towards gun violence may contribute.²¹ Despite this, violence against youth specifically in Colorado is not studied in-depth or well understood. There are major misconceptions about causes for perpetrators to commit acts of gun violence: many citizens believe that mental health diagnoses are the driving force behind gun violence, but this is not accurate.²² Many, if not most, mass shooters have not been diagnosed with a serious psychiatric disorder, and clinical diagnoses are not an accurate indicator to predict the occurrence of violent acts. Additionally, little data is collected on violence against or committed by youth. Without critical data, it'll be difficult to achieve consensus and understanding on where the problem truly lies.

2) The effectiveness of school resource officers is ambiguous.

Schools in Colorado have an observed lack of mental health professionals to respond to crises. Yet, instead of being spent on more mental health professionals, trust and funding are invested in school resource officers (SROs), a process that has changed Colorado high schools. Over the past half century, rates of schools staffed with school resource officers have increased, from 1% of schools in 1975 to 58% of schools in 2018, including 72% of high schools.²³ However, despite the increasing police presence in schools, research has found no link between SROs and the prevention of school shootings.²⁴

Sites of the most notable school shootings in the last decade, namely Parkland and Uvalde, were home to SROs or otherwise armed officers who either fled the scene or delayed response.²⁵ While over 200 shots have been fired by SROs in schools across the country since the turn of the century, only one SRO has ever subdued a school shooter. In fact, SROs can increase violence in schools and often lead to raised rates of suspensions and misbehavior, making schools less safe.

²¹ Lozano, A. V. (2021, March 24). How does this keep happening here? Colorado residents ask themselves after another mass shooting. NBC News. <https://www.nbcnews.com/news/us-news/how-does-keep-happening-here-colorado-residents-ask-themselves-after-n-1261884>

²² Dewan, S. (2022, August 22). What are the real warning signs of a mass shooting?. *The New York Times*. <https://www.nytimes.com/2022/08/22/us/mass-shootings-mental-illness.html>

²³ Paterson, J. (n.d.). *Making schools safe and just*. National Education Association. <https://www.nea.org/advocating-for-change/new-from-nea/making-schools-safe-and-just>

²⁴ Czopek, M. (2022, May 31). *Armed campus police do not prevent school shootings, research shows*. Poynter. <https://www.poynter.org/fact-checking/2022/do-armed-school-police-officers-prevent-shootings/>

²⁵ Despart, Z., García, U. J., & Melhado, W. (2022, September 6). Five Department of Public Safety Officers Face a formal investigation over Uvalde shooting response. *The Texas Tribune*. <https://www.texastribune.org/2022/09/06/ualde-school-shooting-dps-investigation/>

At the same time, Colorado is facing a chronic shortage of school counselors and other mental health professionals who can provide data proven interventions for individuals in crisis. This lack of personnel sees the responsibility of intervention ending up in the hands of law enforcement ill-equipped to handle such responsibility, especially with students with disabilities, severely hindering the effort to prevent school shootings.

3) Safe2Tell is under-researched and can be misused.

Although Safe2Tell publishes an annual report with data regarding the number and type of incident reporting, engagement, and recommendations²⁶, data about its general use among students is lacking. Most of the data surrounding Safe2Tell is about the tips they receive but not about reporting rates and general opinion amongst students regarding its use, which is crucial to creating a safe environment in schools.

This is important because Safe2Tell is the primary way to report threats in Colorado.²⁷ The research on Safe2Tell is also currently published by the organization, so bringing in outside groups can help better analyze the efficacy of the program. Research on these factors will provide a better understanding of the effectiveness of Safe2Tell and better recommendations for necessary improvements to the program.

4) There are identified disparities in mental health support for trauma response, including by income level and rural vs. urban setting.

Nationally, the response to traumatic events in schools is inconsistent and not well studied. While youth around the state that witness or are impacted by gun violence are likely to experience symptoms of traumatic stress, develop depression or anxiety, and, in some cases, develop long-term psychiatric disorders, crisis prevention and response is inconsistent across school districts.²⁸

²⁶ Safe2Tell. (2022). *Annual Report 2021-2022*.
<https://safe2tell.org/wp-content/uploads/2022/10/Safe2Tell-annual-report-2021-2022.pdf>

²⁷ Colorado Office of the Attorney General. (2018). *School Violence Legal Manual*.
https://cdpsdocs.state.co.us/safeschools/Resources/2018_AG_School_Violence_Legal_Manual.pdf

²⁸ Children's Hospital of Philadelphia Center for Violence Prevention. (2021, September 7). *School shootings*.
<https://violence.chop.edu/school-shootings>

Throughout Colorado, but especially in rural areas, there is a shortage of mental health professionals in schools. The recommended student to counselor ratio is 1:250²⁹ and Colorado's average is 278 students to 1 counselor; however, in rural districts, that number can reach the 500s.³⁰ Additionally, external violence of dangerous neighborhoods makes its way into schools creating a threatening environment. Colorado allows individual school districts to make decisions surrounding gun violence, yet underfunded and stretched-thin districts could benefit from research and funding from the state to make crisis prevention and intervention more consistent.

5) Threat Assessment across Colorado is inconsistent.

In 77% of school shootings, someone knew of the shooter's plans beforehand³¹. The standard response to these reports should be efficient and empathetic threat assessment teams, yet there are disparities across school districts due to bandwidth.

While threat assessment teams are suggested for Colorado school districts, burnt out administration, vague wording, and fear of legal issues due to the [Claire Davis Act](#) lead to ineffective and inconsistent threat assessment teams, which can then disproportionately harm minorities and students with disabilities.

The Claire Davis Act makes school staff legally responsible for shootings if they didn't "exercise reasonable care" to prevent gun violence. According to multiple interviews with school staff in Colorado, administrators and counselors turn to expulsion or avoid participating in threat assessment teams for fear of associating themselves with violent students.

²⁹ Staff, A. (2019, February 27). *Cops and no counselors*. American Civil Liberties Union. <https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline/cops-and-no-counselors>

³⁰ Colorado Department of Education. (2023). District Psychologist Report 2022-2023. https://www.cde.state.co.us/cdereval/2023staff_psychologistratios_pdf

³¹ Safe2Tell. (2022). *Annual Report 2021-2022*. <https://safe2tell.org/wp-content/uploads/2022/10/Safe2Tell-annual-report-2021-2022.pdf>

Solutions

1) Convene a task force for gun prevention.

The Office of Gun Violence Prevention should convene a task force to examine gun violence prevention in schools.

To effectively examine the disparities and inadequacies of gun violence prevention in Colorado schools, especially in rural areas, the task force will investigate in each region:

- The availability of school counselors
- Threat assessment training provided to both counselors and school resources officers
- Threat assessment results (all students, minorities, students with disabilities)³²
- Currents funding available, its sources, and its uses
- Effectiveness of Safe2Tell (numbers of reports, false reports, referrals to counseling, arrests)
- Long-term mental health supports available

The task force will meet 12 times, beginning January 1, 2025, and will submit a report to the Colorado legislature recommending solutions to resolve any inequities found; the report should be completed by December 31, 2026.

The task force will consist of:

- Three school counselors (at least one counselor must represent a rural school district)
- Three students (at least one student must represent a rural or small rural school district)
- One board member of the Colorado School Counselor Association
- One board member of the Colorado Association of School Resource Officers
- One member of each of the following state agencies:
 - Suicide Prevention Commission
 - Behavioral Health Administration
 - State Board of Education
 - Office of the Attorney General (representing Safe2Tell)

³² Colorado Department of Public Safety School Safety Resource Center. (2010, March 19). *Threat Assessment Inquiry: A Summary of the Secret Service Eleven Key Questions*. <https://cdpsdocs.state.co.us/safeschools/CSSRC%20Documents/CSSRC%20Summary%20Secret%20Service%2011%20Key%20Questions%20TA.0.pdf>

2) Require school districts to inform parents about safe storage of firearms

While HB21-1106 requires Colorado gun-owners to “responsibly and securely store [firearms] when they are not in use to prevent access by unsupervised juveniles and other unauthorized users,”³³ safe storage laws are only effective when gun owners are aware of the law.

In the state of California, Assembly Bill 452, which was passed in 2022, “requires a school district, county office of education, and charter school to annually inform parents and guardians of pupils at the beginning of the first semester or quarter of the regular school term of California’s child access prevention laws and laws relating to the safe storage of firearms, as specified.”³⁴

Colorado shall adopt a similar policy of informing parents about Colorado’s safe storage laws, informing parents through informative packets or messages sent at the beginning of the school year and requiring school districts to post safe-storage guidelines on their websites.

Outreach

While researching and writing this proposal, we reached out to:

Organizations: Colorado Children's Campaign, Children’s Hospital, Safe2Tell, Partners for Children’s Mental Health, Brady Campaign, National Disability Rights Network

Subject matter experts: Trauma response specialists, school district administrators, security experts, counselors, teachers

Legislators: Representative Meg Froelich, Senator Jeff Bridges

³³ Colorado General Assembly. (2021, April 12). HB21-1106 Safe Storage Of Firearms. <https://leg.colorado.gov/bills/hb21-1106>

³⁴ State of California. (2022, August 29). AB-452 Pupil safety: parental notification: firearm safety laws. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB452



Asian-American History: Diversity & Representation in Education

Problems

1) Colorado lacks educational standards about the history of Asian Americans and Pacific Islanders despite their contributions to American history.

Illinois, Connecticut, New Jersey, and Rhode Island require the history of Asian Americans and Pacific Islanders to be taught in schools, however, Colorado does not. While most schools briefly cover the Japanese American internment camps during World War II, there is more to Asian-American history that is underrepresented in the educational standards, causing Colorado youth to feel as though they learn very little Asian-American history in school.³⁵ Asian Americans' historical contributions include, but are not limited to, being a vital part of achievements such as the Civil Rights Act of 1964, Immigration and Nationality Act of 1965, and Title IX.³⁶ Failing to mention significant contributions undermines the crucial role Asian Americans played throughout American history and their continued contributions to American society today.

Governor McKee, when signing legislation requiring Asian American history and culture to be taught in Rhode Island schools, mentions how many students reported never being assigned readings from Asian American authors.³⁷ This could lead to the teachings of Asian-American

³⁵ Asmar, M. (2021, May 28). *'Invisible for a long time: Asian American students and parents in Colorado call for more support, AAPI history.* Chalkbeat Colorado.

<https://co.chalkbeat.org/2021/5/27/22457661/asian-american-aapi-history-curriculum-denver-cherry-creek>

³⁶ *The Asian American Education Project.* (n.d.) *About Us.* Accessed July 2023.

<https://asianamericanedu.org/about.html>

³⁷ Governor's Office, State of Rhode Island. (2022, September 03). *Governor McKee signs legislation requiring Asian American history and culture be taught in Rhode Island schools.*

history and cultures to be taught from a Eurocentric perspective, providing a less accurate and comprehensive education regarding Asian-American history. Denying Asian Americans a place in the educational standards further ostracizes this group as a minority, causing Colorado youth to be less informed on their nation's history, their state's history, their friends' and peers' history, and/or their own history.

2) Current policy is ineffective.

Current policies related to Asian American and Pacific Islander history are ineffective and do not encompass both the need for curriculum and the manner in which this curriculum should be taught. Colorado's [HB19-1192](#) Inclusion Of American Minorities In Teaching Civil Government law, which includes the implementation of minority history into school curriculum through its clause to "reflect the history, culture, social contributions, and civil government of the United States and Colorado, including the contributions and influence of ... Asian Americans," does not specify the nature of this curriculum.³⁸

Even after the 2019 passage of HB-1192, students have expressed that their history curriculum either falls short of addressing relevant AAPI history in both their local area and in the greater state, or is taught in a eurocentric manner.³⁹ Revised education standards, spearheaded by the work of the 1192 Commission created as part of HB-1192, have taken out critical curriculum, such as teaching the "Model Minority Myth" and Asian-American history in the early United States, reinforcing the "forever foreigner" stereotype.⁴⁰ While revised standards recently

<https://governor.ri.gov/press-releases/governor-mckee-signs-legislation-requiring-asian-american-history-and-culture#:~:text=The%20legislation%20>

³⁸ Colorado General Assembly. (2019, May 28). *HB19-1192 Inclusion of American minorities in teaching civil government*. <https://leg.colorado.gov/bills/hb19-1192>

³⁹ Asmar, M. (2021, May 28). 'Invisible for a long time:' Asian American students and parents in Colorado call for more support, AAPI history. Chalkbeat Colorado. <https://co.chalkbeat.org/2021/5/27/22457661/asian-american-aapi-history-curriculum-denver-cherry-creek>

⁴⁰ Newman, A. Z. (2022, June 4). *Asian American, Pacific Islander, and Native Hawaiian groups want to know why their history is left out of K-12 education standards*. KUSA 9News. <https://www.9news.com/article/news/education/asian-american-pacific-islander-native-hawaiian-history-left-out-of-k-12-education-standards/73-b6791824-d817-4fbb-9176-69f5f29ff615>

approved by the Colorado Board of Education contain mention of Asian American and Pacific Islander history as a standard for curriculum,⁴¹ the lack of specification is concerning.

3) There is a lack of education surrounding the Amache Internment Camp and its centrality to our state history.

The history of the Amache internment camp in Granada, Colorado, is not effectively taught in the Colorado K-12 history curriculum, and its lack of prioritization contributes to dangerous stereotypes. In the revised Colorado Academic Social Studies Standards, the Amache internment camp is only mentioned once, and internment camps in general are mentioned twice.

- In the 4th Grade Standard, Amache is listed among eight other examples that teachers can choose from to illustrate how the history of the United States has affected Colorado's history.⁴² It is not a required subject, nor is it currently spelled correctly in the standards.
- In the High School Standard 1 History, internment camps are again an example listed among a dozen others as a way to analyze the complexity of events throughout United States history.⁴³
- The final reference to internment camps is under High School Standard for Civics, where it is an example for students to understand the American judicial system through the landmark case *Korematsu v. United States* (1944).⁴⁴

In all three cases, the topic of Japanese internment is optional. Given the alternative more widely known examples such as the Great Depression and the Dust Bowl, Amache is often overlooked.

⁴¹ Meckles, A. J. (2022, November 11). *State School Board approves New Social Studies Standards*. KUSA 9News. <https://www.9news.com/article/news/education/colorado-school-board-social-studies-standards/73-b93d7364-b91d-4a98-b820-5b9512b8a54e>

⁴² Colorado Department of Education. (2022). *Draft revision recommendations: November 2021*. (Page 50) <https://www.cde.state.co.us/standardsandinstruction/socialstudiesrevisionrecommendationsnov-21>

⁴³ Colorado Department of Education. (2021). *Draft revision recommendations: November 2021* - Colorado Department of Education (Page 114). <https://www.cde.state.co.us/standardsandinstruction/socialstudiesrevisionrecommendationsnov-21>

⁴⁴ Colorado Department of Education. (2022). *Draft revision recommendations: November 2021*. (Page 132) <https://www.cde.state.co.us/standardsandinstruction/socialstudiesrevisionrecommendationsnov-21>

This lack of education surrounding Amache neglects Asian American contributions to the United States war efforts against Japan, furthering the “forever foreigner” xenophobia.

4) Curriculum does not cover racism towards Asian Americans.

Current Colorado history curriculum does not address racism directed towards Asian Americans and Pacific Islanders. In the revised Colorado Academic Social Studies Standards, there is no mention of anti-Asian hate crimes. A report released by the Center for the Study of Hate and Extremism (CSHE) cites an almost 150% increase in anti-Asian hate crimes, but an overall decrease in hate crimes by 7% in 16 major cities across the United States.⁴⁵ The U.S Department of Justice released the Colorado Hate Crimes Incidents in 2020, in which 65% of the bias-motivated hate crimes were on the basis of race/ethnicity/ancestry.⁴⁶ The Stop AAPI Hate National Report states that of the Asian Hate Crimes committed from March 19, 2020 to December 31 2021, 6.0% took place in K-12 schools and 2.9% of Asian hate crimes took place at colleges.⁴⁷ These increases demonstrate the need for Asian American and Pacific Islanders history to be taught in schools.

Education professionals have recommended that Asian American history be taught to reduce prejudice. Comprehensive history can promote cultural awareness “among white Americans, attaining a higher rather than a lower level of education significantly increases agreement with structural explanations for racial inequality and reduces agreement with individualistic explanations.”⁴⁸

⁴⁵ Yellow Horse, A.J; Jeung, R.; & Matriano, R. *Stop AAPI Hate National Report 3/19/20 – 12/31/21*. Stop AAPI Hate. <https://stopaapihate.org/wp-content/uploads/2022/03/22-SAH-NationalReport-3.1.22-v9.pdf>

⁴⁶ United States Department of Justice. (2023, May 5). *Hate Crimes Statistics for Colorado*. <https://www.justice.gov/hatecrimes/state-specific-information/colorado>

⁴⁷ California State University, San Bernardino. (n.d.) *FACT SHEET: Anti-Asian Prejudice March 2020*. Center for the Study of Hate & Extremism. <https://www.csusb.edu/sites/default/files/FACT%20SHEET-%20Anti-Asian%20Hate%202020%203.2.21.pdf>

⁴⁸ Wodtke, G. T. (2018). The Effects of Education on Beliefs about Racial Inequality. *Social Psychology Quarterly*, 81(4), 284. <https://doi.org/10.1177/0190272518804145>
<https://www.asanet.org/sites/default/files/attach/journals/dec18spqfeature.pdf>

Solutions

1) Create an ethnic studies commission and expand on [HB19-1192 Inclusion Of American Minorities In Teaching Civil Government](#).

Report on what schools teach: All Colorado public schools shall be required to record the historic example that each history/social studies teacher chooses to teach under the options of the revised Colorado Academic Social Studies Standards. The report shall include the depth at which the historical event was taught, as well as the duration that the teaching took place: measured in class periods. Reports shall be published each semester and sent to the Colorado Board of education for further review and to ensure standards are met.⁴⁹

Create a resource bank: The ethnic studies commission shall create a resource bank with specific examples of historical events, historical persons and corresponding lesson plan. The resource bank shall also include practices for teaching diverse history and training.

Increase accessibility to diverse education: The Florida Department of Education rejected the teaching of the piloting Advanced Placement African American studies course in high schools statewide, claiming the class will indoctrinate students to a certain “political agenda.”⁵⁰

Colorado law should prohibit all Colorado public schools from eliminating ethnic studies from the curriculum. This will ensure that Colorado students have access to learning about the history of their nation, state, peers, and/or their communities. Additionally, public schools who oppose the teaching of ethnic studies shall draft a report detailing their opposition.

2) Require school districts to release an annual diversity, equity, and inclusion report.

All Colorado public school districts shall be required to release and publish a diversity, equity, and inclusion report. This report will detail the demographics of the school board, teachers, and the student population, as well as report on specific actions taken by the district to increase diverse representation and offer support and resources to students of diverse backgrounds. The release and publication of these reports aims to ensure that all students are being represented

⁴⁹ Colorado General Assembly. (2019, May 28). *HB19-1192 Inclusion of American minorities in teaching civil government*. <https://leg.colorado.gov/bills/hb19-1192>

⁵⁰ Kim, J. (2023, January 22). *Florida says AP class teaches critical race theory. Here's what's really in the course*. NPR. <https://www.npr.org/2023/01/22/1150259944/florida-rejects-ap-class-african-american-studies>

within their respective school districts. This report shall be published annually and distributed to parents and residents of the district. Additionally, each report shall be sent to the Colorado Department of Education, which will document all demographic information given and store all data on a database.

Outreach

While researching and writing this proposal, we reached out to:

- History Colorado
- Sakura Foundation
- Joanna Bruno, Colorado Department of Education



Resource Assistance in Public Schools

Problem

Hygiene products are less accessible for low-income families, and lack of accessibility negatively impacts people’s health, education, and well being.

In a national study, 34% of low-income families found it difficult to afford basic household necessities in the past year. Since families were unable to afford these basic household necessities, they were forced to sacrifice in other areas: 74% were unable to afford household necessities, skipping washing dishes or doing laundry. In addition, 33% of families who were unable to afford household goods report bathing without soap or reusing diapers in order to manage expenses.⁵¹

A similar issue is period poverty. Throughout the country, period poverty—the inability to access menstrual hygiene products—has jumped to nearly a quarter of all students (up from 1 in 5 in 2019), and lower-income and students of color have been particularly affected.⁵²

The issue's prevalence in Colorado becomes more clear when observing the issues faced by individual citizens. According to the Alliance for Period Supplies, 1 in 7 Coloradans between the ages 12 to 44 who menstruate live below the Federal Poverty Line. This means that people must choose between paying for basic living expenses or buying necessary personal hygiene products

⁵¹ Feeding America. (2013, September 19). *Study Reveals US Families Struggle to Afford Basic Needs*. Accessed March 20, 2023. <https://www.feedingamerica.org/about-us/press-room/new-study-reveals-many-american-families-struggle-to-afford-basic-personal-care-items-and-household-goods>

⁵² Thinx and PERIOD. (2021). *State of the Period 2021*. Accessed April 12, 2023. <https://period.org/uploads/State-of-the-Period-2021.pdf>

like tampons, pads, and other menstrual items.⁵³ A Colorado 2022 survey on women's period poverty, diaper need, and hygiene poverty found that 47% of women currently menstruating report experiencing period poverty and 41% have worn the product longer than recommended to stretch its use which subjects them to health risks such as infection or toxic shock syndrome.⁵⁴

When it comes to access outside the home, 22% reported having lack of access at school or work. Lack of access at school also leads to girls missing school with 1 in 5 of girls in the U.S. having missed school due to lack of access to period products.⁵⁵ Furthermore, 60% of women with children had struggled to purchase basic hygiene products in the last year⁵⁶.

The CDC provides information on key hygiene practices including categories such as keeping hands clean, foot cleanliness, nail hygiene, facial cleanliness, hair and scalp hygiene, menstrual hygiene, and coughing and sneezing. Not practicing these hygiene habits can lead to hygiene related diseases such as athlete's foot, body lice, and tooth decay.⁵⁷ The majority of these practices require some kind of purchased product such as shampoo or soap. These hygiene practices are key to healthy living, but are not accessible to all Coloradans.

Not only does access to proper hygiene and personal care products reduce risk of infection and illness, it also reduces stigma for youth in schools and allows for greater rates of school attendance. In a study where a washing machine was provided at school within the 2019–2020 school year, schools in the program reported that 73% of elementary students who had been chronically absent had good attendance once they could get laundry done in school⁵⁸

⁵³ Pantry Collective. (2023, January 11). *Period Pantry - Pantry Collective*. Accessed March 20, 2023. <https://pantrycollective.org/period-supplies/>

⁵⁴ Donations for Dignity. (Accessed March 27, 2023.) *Colorado 2022 Survey on Period Poverty, Diaper Need, and Hygiene Poverty*. <https://www.donationsfordignity.org/survey>

⁵⁵ Always. (2022, May 19). *Always® Joins Forces with Jameela Jamil and International Paper to Advocate for Systemic Solutions to Help #EndPeriodPoverty*. <https://www.businesswire.com/news/home/20220518006167/en/%C2%A0Always%C2%AE-Joins-Forces-with-Jameela-Jamil-and-International-Paper-to-Advocate-for-Systemic-Solutions-to-Help-EndPeriodPoverty>

⁵⁶ Donations for Dignity. (Accessed March 27, 2023.) *Colorado 2022 Survey on Period Poverty, Diaper Need, and Hygiene Poverty*. <https://www.donationsfordignity.org/survey>

⁵⁷ Centers for Disease Control and Prevention. *Hygiene-related Diseases*. Accessed March 20, 2023. U.S. Department of Health & Human Services. <https://www.cdc.gov/hygiene/disease/index.html>

⁵⁸ The Century Foundation. (2021, July 16). *America's Unspoken Hygiene Crisis*. Accessed March 26, 2023. <https://tcf.org/content/commentary/americas-unspoken-hygiene-crisis/>

Solution

Create a state grant program for resource pantries at schools for low-income students.

Providing resources at school can reduce burdens on low-income families. With a state grant program, schools could provide hygiene banks to students with resources such as menstrual products, soaps, deodorant, toothpaste, and toothbrushes to offset financial burdens that low-income youth face. Hygiene banks are shown to improve both mental and physical health. For instance, Simply the Basics launched the first large-scale hygiene bank in the nation, which provides hygiene kits, hygiene markets, and bulk supplies. According to their public data, 98% of recipients reported an improvement in their physical health and a reduction in infections, and 92% of recipients reported an improvement in their sense of wellness & dignity.⁵⁹

At a local level, some districts and schools in Colorado have begun implementing resource pantries and closets within their schools to provide basic needs hygiene products and personal care items. One of these districts is Thompson School District in northern Colorado.⁶⁰ Thompson School District currently has resource pantries at each school from elementary to middle school that provide hygiene products such as soaps, dental products and school supplies. These pantries are anonymous, open to any child in need, and easily accessible through an online or physical form. This program has successfully provided for students throughout the district and is funded through both the school district and donations from local organizations.

Our proposed grant program would operate similarly to the [HB20-1131](#) Menstrual Hygiene Products in Schools Program, which provides awards to public schools or school districts to provide menstrual hygiene products at no expense to students.⁶¹ The program has \$100,000 in funding and has awarded grants to 39 Colorado districts, schools, and charter schools with the stipulation that at least 50% of their students qualify for free and reduced-priced lunch.

With our proposed grant program, schools would store hygiene bank products somewhere accessible to all students, yet observable for upkeep and safety by an authority figure. This hygiene bank's users would be anonymous. Hygiene products for the bank can include any of the following:

⁵⁹ Simply the Basics. *Our Impact*. Accessed March 27, 2023. <https://www.simplythebasics.org/impact>

⁶⁰ Thompson School District. (n.d.) Family Center. Accessed July 25, 2023. <https://www.tsd.org/community/family-center>

⁶¹ Colorado Department of Education. (n.d.) *Menstrual Hygiene Products Accessibility Grant Program*. Accessed March 27, 2023. <https://www.cde.state.co.us/communications/mhpagan>

In the school hygiene bank, there's

Hair care

- hair brushes
- combs
- shampoo
- conditioner
- hair ties

Menstrual

- tampons
- napkins/pads
- menstrual cups

Dental health

- tooth brush
- tooth paste
- floss
- mouth wash

Personal hygiene

- soap
- deodorants
- shaving cream



Laundry supplies

- detergent
- dryer sheets

** Schools should choose their hygiene products based on their students' needs and are not required to include all products.*

** The grant should provide a page like this as sample information and advertising.*

The proposed grant would have no requirements for applying other than being a Colorado district, public school, or charter school. Schools will receive money on a first-come, first-serve basis until the grant's funding is depleted. The grant would require the applicant to be an employee or representative of a school district, public school, or charter school within Colorado. The proposed grant would encourage schools to partner with local nonprofit organizations in their grant application by giving schools a \$1000 bonus for partnering with a local nonprofit on the hygiene bank project. The school could use this money on supplies, their teachers, or their students. The bonus would only be awarded once to any given school. Partnering with local nonprofit organizations would lessen the burden on the school as staff could have assistance stocking and maintaining the hygiene banks. This could also help schools establish relationships within their community, which gives the school a known aid if needed.

The Colorado Department of Education would distribute funds directly to the school district, public school, or charter school for use in purchasing and stocking the resource pantry. A person spends roughly ⁶²\$20 per cycle on their period along with about ⁶³\$32 per month on personal care or hygiene products (\$384 per year). This comes to an average cost of \$468 per student who is using the hygiene bank for 9 months of the school year. From 2016-20-17, the average number of students eligible for free and reduced lunch in a Colorado school was 217.⁶⁴ Using this number, about \$102,000 dollars would have to be allocated to each school to cover every student eligible for free and reduced lunch. However, the majority of rural areas do not have access to a large nonprofit and have a large burden on their faculty, so rural schools will receive an extra \$600 to give to an employee who is responsible for upkeep of the hygiene bank. Thus, rural schools would receive an estimated \$102,600 total.

We do not believe the budget would actually need to be this large as many students who are on free and reduced lunch will not need or want to use the hygiene bank.⁶⁵ Buying in bulk could also minimize price. For example, a person can buy 2500 tampons that cost \$250 when bought in

⁶² National Organization for Women. (2021, January 22). *Female Homelessness and Period Poverty*. Accessed May 8, 2023. <https://now.org/blog/female-homelessness-and-period-poverty/#:~:text=The%20average%20woman%20spends%20about,about%20%2418%2C000%20for%20her%20 lifetime>

⁶³ Statista. *Average annual expenditure on personal care services per consumer unit in the United States from 2007 to 2021*, Accessed July 3, 2023. <https://www.statista.com/statistics/1052519/us-consumer-spending-personal-care-services/>

⁶⁴ Colorado Department of Education, Accessed July 24 2023. <https://www.cde.state.co.us/cdereval/2016-17-pm-school-frl-pk12-excel>

⁶⁵ TOP The Organic Project. Organic Cotton Tampons Bulk with Cardboard Applicator. Accessed July 28, 2023. <https://toporganicproject.com/products/bulk-case-organic-cotton-applicator-tampon-regular>

bulk.⁶⁶ The average cost of a single box of tampons is between \$5-\$8 and a box typically contains between 24 and 36 tampons. This means the average cost of individual tampons in bulk is 10 cents while normal boxes cost around 22 cents.

Vice Chair of the Colorado Department of Education State Board Lisa Escarcega, shares, “I am pleased to be writing in support of the proposed grant program being initiated by COYAC that is intended to provide youth in poverty with hygiene products in school. As someone who grew up experiencing homelessness and foster care, I can attest to the need and desire of youth to have all types of hygiene products readily available. School is a logical place to allow youth to obtain hygiene products. Having these products available free and discreetly to all students would greatly reduce the stigma many of our youth face.”

Outreach

While researching and writing this proposal, we reached out to:

- Colorado Department of Education
- Colorado Department of Local Affairs
- Colorado Counselors Association
- Bell Policy Center
- Colorado Children’s Campaign
- Senator Faith Winter
- Tonette Salazar, lobbyist

⁶⁶ Somasundaram, P. (2022, June 15). What You Need To Know About the Tampon Shortage. *The Washington Post*. Accessed July 28, 2023. <https://www.washingtonpost.com/wellness/2022/06/15/tampon-shortage-explainer/>



Non-Legal Name Changes in Schools for Youth Ages 12-17

Problem

Colorado lacks systems to institute non-legal name changes in public schools.

Many school administrative systems cause humiliation for transgender Colorado youth when schools use the students' deadnames (birth names that do not align with their gender identities). Under the Family Educational Rights and Privacy Act (FERPA), all students have "the right to keep [their] transgender status private."⁶⁷ When schools keep a student's former name and gender marker on school transcripts and records, it outs transgender students to their peers, thereby violating their privacy. In *Powell v. Schriver*, the Second Circuit Court of Appeals stated that transgender status is "excruciatingly private and intimate."⁶⁸ In the State of Colorado Civil Rights Commission Rules and Regulations, under rule 81.8, misusing an individual's preferred name, pronouns, or form of address intentionally or disclosing an individual's sexual orientation to others at the detriment of the individual in any public accommodation is a form of sexual orientation harassment.⁶⁹ However, even with these codes, regulations, and laws in place, students attempting name changes in schools receive roadblocks and disrespect for the privacy of their transgender status from school counselors and administrators.

⁶⁷ Lambda Legal. (n.d.). *A Transgender Advocate's Guide To Updating And Amending School Records*. <https://www.lambdalegal.org/know-your-rights/article/youth-ferpa-faq>

⁶⁸ The Center for HIV Law and Policy. (1999). *Powell v. Schriver*, 175 F.3d 107 (2d Cir. 1999). <https://www.hivlawandpolicy.org/resources/powell-v-schriver-175-f3d-107-2d-cir-1999#:~:text=Powell%20v.%20Schriver%2C%20175%20F.3d%20107%20%282d%20Cir.,Eighth%20Amendment%20protection%20against%20cruel%20and%20unusual%20punishment>

⁶⁹ Colorado Secretary of State. (n.d.). *State of Colorado Civil Rights Commission Rules and Regulations*. Code of Colorado Regulations. <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=4065&fileName=3%20CCR%20708-1>

Here are the experiences of two students who sought out a non-legal name change at their schools (edited for brevity and clarity):

“I had asked my school counselor if I could change my name in the school’s system, and I was told no. I was told that they have zero power to change anything name related and until my preferred name is legally recognized, they cannot change it. I went down about two more times to try and find a way to fix it. I was shut down every time. I asked a staff member to accompany me to go ask to change my name again since she had already done one name change, and she was happy to help. We went down and asked the same people, and they directed me to exactly who I needed to go to in order to get my name changed on my email and my Canvas account. It took me just taking an adult with me, to get the answers I needed. They didn’t respect me enough to give me answers without a coworker watching them. The process of changing my name in those two areas took about ten minutes. It was so incredibly easy, and the staff member who had the ability to do it was happy to help.” – August Tribble, a student at Manitou Springs High School

“The most difficult part of having my name changed was needing a parent signature. There was a paper form I had to fill out stating my legal name and gender and then what I would want my preferred name and gender to be changed to. Then the last part of the form was a parent signature. I, of course, asked my counselor at the time why this was and she explained that even without having a signature my parent/guardian would find out anyway because my name would show up in any emails or calls that it would be used in. Ultimately, it would’ve been nice to not have a parent signature since the name is not being presented legally in any way. ... The process was uncomfortable and annoying. Not to mention it did take time for the name to actually register and show up as intended when looking at my school account. ... Putting a preferred name in the ‘nickname’ section doesn’t do anything. It won’t show up on any attendance form if there were to be a substitute.” – Anonymous Colorado student

Colorado students seeking non-legal name changes in schools should not be humiliated when speaking to their school counselors. A large part of this issue is that there is no legal enforcement or consensus on how schools handle a student’s name change. Across Colorado, students are treated differently depending on whether there are supporting teachers and counselors there to aid them in their process.

Solutions

1) The State of Colorado should develop a consensus of procedures for non-legal name changes in public schools for youth ages 12-17.

Colorado should develop guidelines for school policies for non-legal name changes for students. Once these guidelines are developed, schools must develop a policy that meets these guidelines. With this consensus in place, transgender students should easily have access to any documents and processes required for a non-legal name change. Documents should show a clear, linear outline and process for students to follow to achieve a non-legal name change. The following documents should be available to students:

- A transition plan: a document outlining a student's plan regarding transition with peers and staff of their school. This document outlines the student's path to take to aid in their social transition
- A support plan: is a document that informs students of how and in what ways their preferred name will be shared and supported by and throughout the school. This document outlines the places the student's preferred name will be shared such as how it applies to student records and how their safety could potentially be affected.
- A final request form: The final form a student fills out asks for both the legal and preferred names of the student. A parental or guardian signature will be suggested if the non-legal name change would appear on external documents and in external emails or sources that can be viewed by the parent or guardian. A parental or guardian signature will not be required if the non-legal name change would not appear on external documents and in external emails or sources that can be viewed by the parent or guardian.

2) The Colorado Department of Education (CDE) should convene an advisory committee or task force to recommend and examine policies in schools for non-legal name changes for youth above the age of 12.

The advisory committee or task force will develop a consensus for non-legal name changes for youth ages 12-17 in public schools and districts.

After creating and implementing this policy, the advisory committee or task force will investigate:

- How well the new policy works for students
- Teacher, counselor, and administration response to the policy
- How to better support public schools in the implementation of the policy
- How the policy is implemented among different public schools and regions
- How the policy can adapt to better suited to specific schools and regions

- In preparation for the sunset of the advisory committee or task force, how to prepare public schools to maintain the policy

The advisory committee or task force will meet four times, beginning January 1, 2025, and will submit a report to the Colorado Department of Education recommending solutions to resolve any inequities found; the report is due by December 31, 2026.

The advisory committee or task force will consist of:

- One 6th-12th grade public school educator
- One 6th-12th grade public school counselor
- One 6th-12th grade public school administrator
- Three youth members, including at least one member from rural Colorado
- Three community members, including at least one member from rural Colorado
- One member of a nonprofit specializing in suicide prevention
- One member of a nonprofit specializing in LGBTQIA+ topics
- One member from each of the following state agencies:
 - Department of Human Services
 - Office of Suicide Prevention (CDPHE)
 - Office of Health Equity (CDPHE)
 - Division of Youth Services (CDHS)
 - Department of Education
 - Accountability and Continuous Improvement Unit (CDE)
 - Comprehensive Human Sexuality Education (CHSE) Oversight Entity (CDPHE)

At least 51% of the committee members must be part of the LGBTQ+ community, with preference to transgender people.

Outreach

While researching and writing this proposal, we reached out to:

Organizations

- Boulder Valley School District
- Colorado Association of School Administrators
- Colorado Association of School Boards
- Denver Health
- Inside Out Youth Services
- One Colorado

- TRUE Center
- UC Health
- Young Invincibles

Government agencies

- Office of Suicide Prevention, CDPHE
- Sexual Violence Prevention, CDPHE
- Boulder County Public Health
- Colorado Department of Education

Legislators

- Sen. Jessie Danielson
- Sen. Rhonda Fields - chair of Statewide Health Care Review Committee
- Sen. Nick Hinrichsen
- Rep. Chris deGruy Kennedy
- Rep. Daneya Esgar
- Rep. Meg Froelich
- Rep. Brianna Titone



Youth Gender-Affirming Care: Ensuring Widespread Provider Training and Knowledge

Background

Mental health – Suicide is the leading cause of death for Colorado youth⁷⁰, and national data “indicate that 82% of transgender individuals have considered killing themselves and 40% have attempted suicide, with suicidality highest among transgender youth.”⁷¹ One study found a connection between increased access to gender-affirming hormone therapy and lower depression and suicidality rates in transgender and gender-nonconforming adolescents.⁷² Gender-affirming care for adolescents is essential and should be expanded statewide.

Gender-affirming care – as defined by the Office of Population Affairs, is supportive healthcare covering medical, psychological, and surgical services.⁷³ This care is provided to transgender and gender-nonconforming (TGNC) people including anyone with “gender identities or expressions that differ from the gender assigned to them at birth.”⁷⁴ Services for adolescents (youth from the

⁷⁰ Colorado Children’s Campaign. (n.d.) *Suicide Prevention*. Accessed July 2023. www.coloradokids.org/youth-success/suicide-prevention/

⁷¹ Austin, A., Craig, S. L., D’Souza, S., & McInroy, L. B. (2022). Suicidality Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors. *Journal of Interpersonal Violence*, 37(5-6), NP2696–NP2718. <https://doi.org/10.1177/0886260520915554>

⁷² Green, A. E., DeChants, J. P., Price, M. N., & Davis, C. K. (2022). Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. *Journal of Adolescent Health*, 70(4), 643–649. <https://doi.org/10.1016/j.jadohealth.2021.10.036>

⁷³ Gender-Affirming Care and Young People. (2022). Office of Population Affairs. <https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>

⁷⁴ Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of Care for the

beginning of puberty to age 18 – the medical age of consent) are generally limited to hormonal, psychological, and non-medical services, as surgical care is typically not recommended for minors due to its irreversible nature.⁷⁵

This proposal focuses on hormonal treatments such as puberty blockers and gender-affirming hormone therapy (GAHT).

- **Puberty blockers** prevent hormone changes during puberty; they are reversible and recommended for TGNC youth who have reached the second stage of puberty. A person typically takes puberty blockers for several years until deciding to begin GAHT or, in some rare cases, stop using puberty blockers and experience puberty as associated with their gender assigned at birth.
- **Gender-affirming hormone therapy (GAHT)** is a semi-reversible treatment that changes the predominant hormone in a person's body to align with their gender identity.⁷⁶ It is generally recommended for TGNC people who have reached age sixteen, but the World Professional Association for Transgender Health (WPATH) recognizes evidence to suggest that starting GAHT at fourteen would be beneficial.⁷⁷

Problem

Gender-affirming care for youth is inaccessible due to increased demand and a lack of widespread provider training.

There is a lack of knowledge about gender-affirming care among Colorado providers, patients, patient's families, and policymakers. WPATH explains in its standards of care that the lack of provider education means that many TGNC people are forced to “teach their medical providers how to care for them.”⁷⁸ This leads many TGNC people to resort to non-prescribed hormone therapy, which can be harmful and can lead to overdoses or exposure to blood-borne illnesses.⁷⁹

Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23(S1), S1–S258. <https://doi.org/10.1080/26895269.2022.2100644>

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ Ibid.

WPATH also explains that the lack of standards of care “can result in a multiplicity of therapeutic approaches, including those that may be counterproductive or harmful.”⁸⁰

Dr. Anna-Lisa Munson, a general pediatrician and adolescent medicine physician at Denver Health, shares her experiences providing gender-affirming care:

“...in pediatrics residency training programs, there is currently a lack of education and training in [gender-affirming care]. Pediatricians and other providers who wish to do this type of care must either seek additional training outside of their programs or standard work settings, or self-educate based on various available clinical care guidelines. Furthermore, there is no single national consensus for clinical care of transgender and gender-expansive youth.

“In Colorado, the demand for GAC [gender-affirming care] for youth is increasing rapidly. In addition to being designated as a safe-haven state for TGNC people, Colorado has seen an influx of families from neighboring states in which such care has been legally banned, who seek to live in a state in which care is legal and available. As a result, waiting lists for [Colorado] clinics offering GAC for youth are becoming increasingly longer and more difficult to navigate.”

Although Colorado is a leading provider of gender-affirming care, there are inequities in the regions that have access to this care, in part due to the lack of trained providers.^{81 and 82} Denver Health clinics and the TRUE Center for Gender Diversity, a part of Children’s Hospital in Aurora, are the only major medical institutions in Colorado that serve TGNC adolescents. The TRUE Center is noted to have long waitlists, and its location forces people and families from rural areas to travel long distances to access essential healthcare.⁸³

As the number of Colorado adolescents seeking gender-affirming care increases, the lack of resources is becoming more acute. From 2016 to 2021, the number of Coloradoans ages 17 and

⁸⁰ Ibid.

⁸¹ Berg, A. (2022, March 17). *For transgender Coloradans living outside Denver, gender-affirming care comes with added barriers*. Rocky Mountain PBS. <https://www.rmpbs.org/blogs/news/gender-affirming-care-access-rural-colorado/>

⁸² Fortier, S. (2022, September 23). *Gender-Affirming Care Analysis Shows Positive Trends in Access to These Important Services*. Center for Improving Value in Healthcare. <https://www.civhc.org/2022/09/23/gender-affirming-care-analysis-shows-positive-trends-in-access-to-these-important-services/>

⁸³ Goodman, B. (2022, October 6). *Long Waiting Lists, Long Drives and Costly Care Hinder Many Kids’ Access to Mental Health Care*. CNN. www.cnn.com/2022/10/06/health/youth-parents-mental-health-kff-poll-wellness

under receiving gender-affirming care increased nearly 80%.⁸⁴ WPATH found that this increase is occurring worldwide and that clinics are struggling to serve their patients.⁸⁵

This issue has consequences that extend past Colorado's borders: 19 states are either considering or implementing legislation restricting gender-affirming care.⁸⁶ It is vital to expand access to this essential healthcare in Colorado, as it is a safe haven for TGNC people in surrounding states where gender-affirming care is banned.⁸⁷

One study found a connection between increased access to gender-affirming hormone therapy and lower depression and suicidality rates in TGNC adolescents.⁸⁸ Gender-affirming care for adolescents is essential and should be expanded statewide.

Solutions

1) Colorado should create a grant program to provide widespread training to family planning clinics, Federally Qualified Health Centers, and Rural Healthcare Clinics.

These three types of clinics are widely accessible throughout the state, making them ideal locations to provide accessible gender-affirming care to youth:

⁸⁴ Center for Improving Value in Healthcare. (2022). *Gender Affirming Care*. <https://www.civhc.org/get-data/publications/>

⁸⁵ Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23(S1), S1–S258. <https://doi.org/10.1080/26895269.2022.2100644>

⁸⁶ Dawson, L., Kates, J., & Musumeci, M. (2022). *Youth Access to Gender Affirming Care: The Federal and State Policy Landscape*. Kaiser Family Foundation. <https://www.kff.org/other/issue-brief/youth-access-to-gender-affirming-care-the-federal-and-state-policy-landscape/>

⁸⁷ Bedayn, J., & Slevin, C. (2023, April 15). *Colorado offers safe haven for abortion, transgender care*. AP News. <https://apnews.com/article/abortion-transgender-colorado-law-0ac4525f076692b479c9c16f3a1f72b3>

⁸⁸ Green, A. E., DeChants, J. P., Price, M. N., & Davis, C. K. (2022). Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. *Journal of Adolescent Health*, 70(4), 643–649. <https://doi.org/10.1016/j.jadohealth.2021.10.036>

- Family planning clinics provide "low-cost, confidential family planning and preventive health services" and have a long history of serving the LGBTQ+ community and youth.⁸⁹ and 90
- Federally Qualified Health Centers/Community Health Clinics (FQHCs/CHCs) are publicly-funded clinics that provide comprehensive, affordable health care to underserved populations and are well-established in many communities across the state.^{91 and 92}
- Rural Health Clinics (RHCs) offer vital outpatient health services, including primary care, to underserved rural areas⁹³ and serve a crucial role in bridging the healthcare gap between rural and urban communities.

The two maps below show the coverage of RHCs and FQHCs across Colorado.^{94 and 95}

⁸⁹ Maricella, J. S. (2022). The Title X Program: Setting Standards for Contraceptive and Health Equity. *American Journal of Public Health*, 112(55), S511–S514. <https://doi.org/10.2105/AJPH.2022.306900>.

⁹⁰ Colorado Department of Public Health & Environment. (2023). *Colorado Family planning clinics and services*. <https://cdphe.colorado.gov/fpp/clinics-and-services>

⁹¹ Bureau of Primary Health Care. (2023, May 12). *What is a Health Center?* Health Resources & Services Administration. <https://bphc.hrsa.gov/about-health-centers/what-health-center>

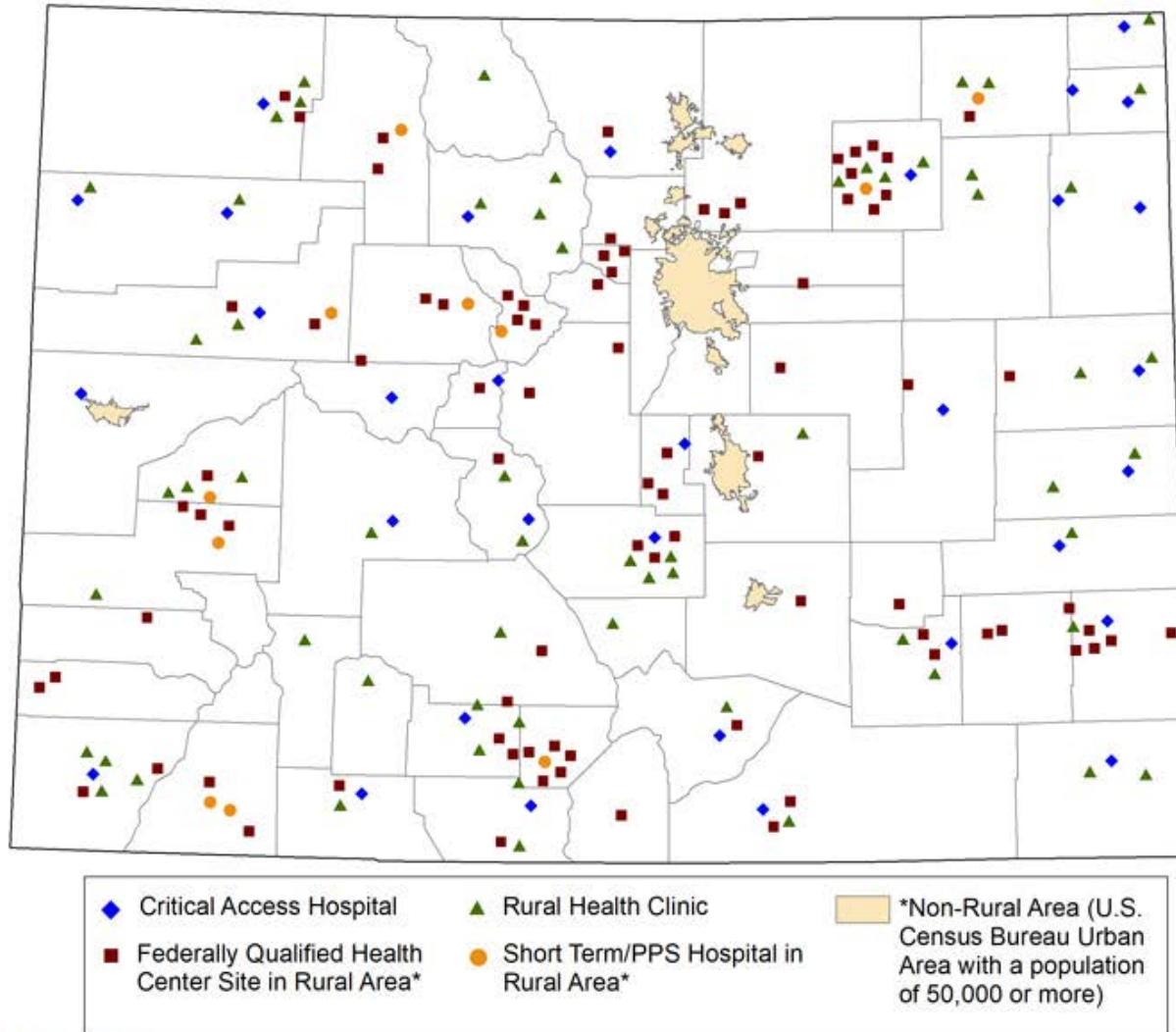
⁹² Colorado Community Health Network. (2023). *Colorado's Community Health Centers*. <https://cchn.org/wp-content/uploads/2023/02/2023-Legislative-Guidebook.pdf>

⁹³ Centers for Medicare & Medicaid Services. (2023, March 27). *Rural Health Clinics*. <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/rhcs>

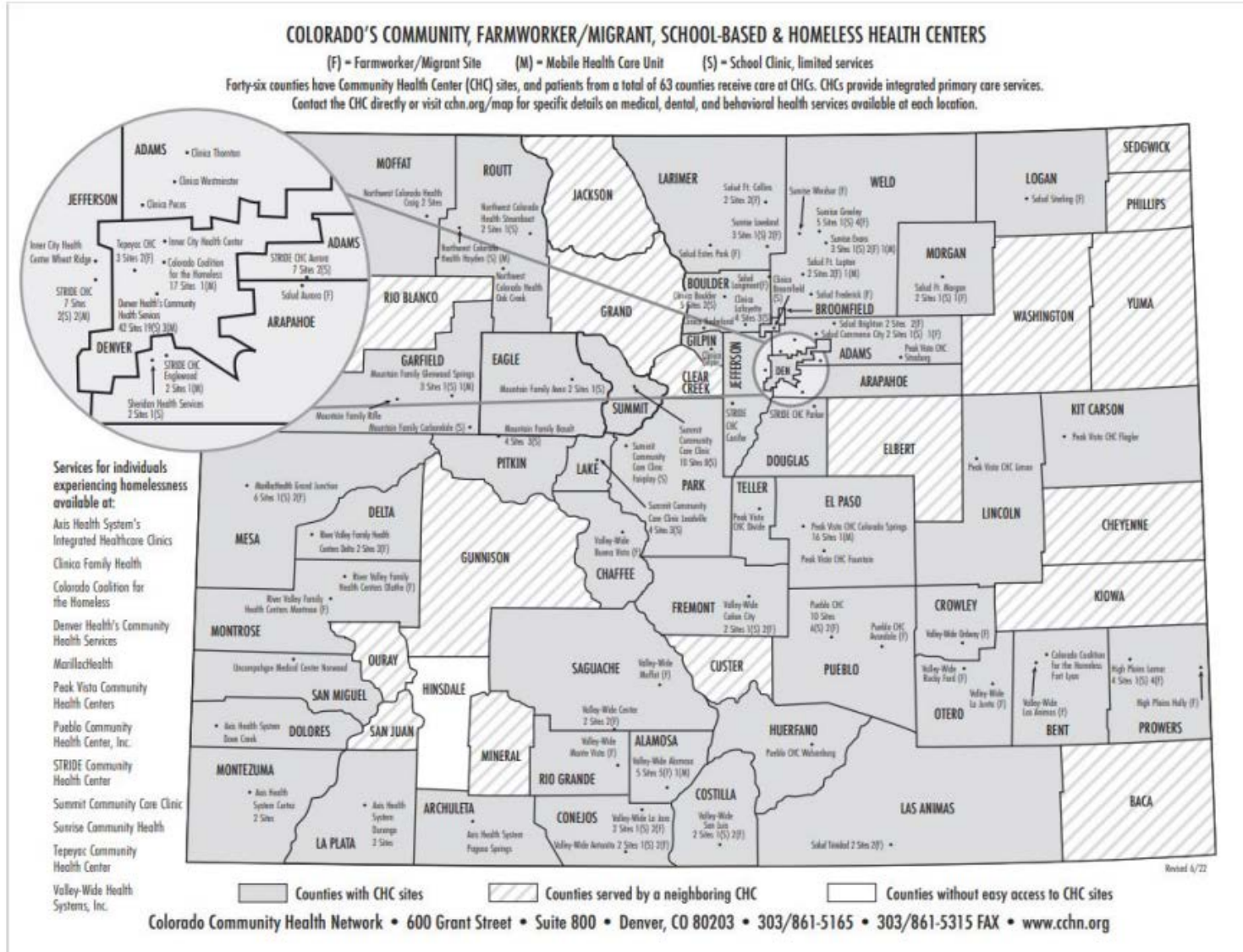
⁹⁴ Rural Health Information Hub. (2020). *Rural health for Colorado Overview*. <https://www.ruralhealthinfo.org/states/colorado>

⁹⁵ Colorado Community Health Network. (2023). *Colorado's Community Health Centers*. <https://cchn.org/wp-content/uploads/2023/02/2023-Legislative-Guidebook.pdf>

Selected Rural Healthcare Facilities in Colorado



CHCs Across the State: Map of All Sites



Colorado should provide funding to family planning clinics, FQHCs, and RHCs to help ensure that youth receive timely and convenient access to gender-affirming healthcare. Colorado should give grants to individual facilities so that physicians and advanced practice providers at these clinics can receive continuing medical education (CME) in gender-affirming care. This grant aims to cover the expenses of gender-affirming healthcare training and offer reimbursement to healthcare providers for the time to complete the course. Providers will receive reimbursement upon providing proof of course completion.

This program will help ensure that Colorado youth can access timely and convenient gender-affirming care services by increasing the number of trained providers throughout the state. The grant program will be housed in the Colorado Department of Public Health and Environment (CDPHE). One potential source for this training is QueerCME, a comprehensive and accredited online training program for healthcare professionals.⁹⁶

Dr. Anna-Lisa Munson specifies that the increased number of youth seeking gender-affirming care “..demands increased support for provider training and clinical programs offering this critical type of care.” The State of Colorado can help address the physical and mental health issues that affect thousands of TGNC adolescents by expanding comprehensive and informed gender-affirming care to family planning clinics, FQHCs, and RHCs, thus ensuring that youth in all regions of the state have access to gender-affirming care providers.

2) Colorado should convene a task force to examine the status of gender-affirming care available to youth in Colorado.

To most effectively determine the disparities and inadequacies in the Colorado gender-affirming care sector, CDPHE should convene a task force to examine the status of gender-affirming care in Colorado, especially for youth in rural areas. The task force will investigate:

- the number of providers in each region
- the training available to providers
- threats to providers
- the current funding available, its sources, and its uses
- the number of, the safety of, and equipment available to facilities in each region
- the number of patients in each region, especially compared to the number of providers
- the types of care that patients seek
- the prevalence and impact of non-prescribed treatments

⁹⁶ QueerCME. (2023). *QueerCME Membership: Gender Affirming Healthcare Education (CE/CME)*. <https://www.queercme.com/sales-page>

- the availability of insurance coverage for different types of treatment.

The task force will meet 12 times, beginning January 1, 2025, and will submit a report to the Colorado legislature recommending solutions to resolve any inequities found; the report should be completed by December 31, 2026. These meetings should include in-person and virtual visits to healthcare facilities throughout the state.

The task force will consist of:

- three physicians or advanced care providers with experience in providing gender-affirming care, including at least one pediatrician
- three mental health providers, including at least one who treats youth
- three youth members, including at least one member from rural Colorado
- three community members, including at least one member from rural Colorado
- one member from each of the following state agencies:
 - Office of Health Equity, CDPHE
 - Family Planning Program, CDPHE
 - Suicide Prevention Commission, CDPHE
 - Health Care Policy and Financing
 - Division of Insurance
 - Behavioral Health Administration, Department of Human Services DHS

At least 51 percent of the task force members must be part of the LGBTQ+ community, with preference to transgender people.

Outreach

While researching and writing this proposal, we reached out to:

Organizations

- American Academy of Pediatrics
- Children’s Hospital Colorado
- Colorado Academy of Family Physicians
- Colorado Community Health Network (CCHN)
- Colorado Safety Net Collaborative
- Denver Health
- Inside Out Youth Services
- One Colorado
- Planned Parenthood
- QueerDoc

- TRUE Center
- UC Health
- Young Invincibles

Healthcare providers

- Dr. Vivian Jiang, UC Health
- Dr. Anna-Lisa Munson, Denver Health
- Skylar Patron, RN, One Colorado

Government agencies

- Office of Health Equity, CDPHE
- Health Equity Committee, CDPHE
- Behavioral Health Administration, Department of Human Services
- Pueblo DPHE

Legislators

- Sen. Jessie Danielson
- Sen. Rhonda Fields - chair of Statewide Health Care Review Committee
- Sen. Nick Hinrichsen
- Sen. Janice Rich
- Rep. Brianna Titone
- Rep. Chris deGruy Kennedy
- Rep. Daneya Esgar
- Rep. Meg Froelich
- Rep. Richard Holtorf