

Mr. Chair, and members of the committee,

My name is Kimberly Lewis. I am from Fruita, Colorado and the adoptive mom of three sibling brothers who all suffer from Developmental Trauma and other mental health issues.

I am testifying today in support of Senate bill 19-222 which would require community mental health providers to accept individuals with more severe behavioral health disorders.

I would like to share the journey my husband and I have been on with our now-12-year-old son Zachary. While he is now in his second Residential Treatment Center (out of state, as seemingly none of the facilities in Colorado could safely manage him), we have spent the past four years trying seek appropriate mental health support in the Grand Junction area for him, and the response has been dismal.

We tried several times throughout the years to have Zach admitted to a mental health center and until his last severe episode have always been put in a waiting room to calm him down for 4-6 hours and then are told take him home, as if that was a better option for him, as they didn't feel safe keeping him. Even though we objected because we didn't feel safe, this was the only option, because at the time we feared an abandonment charge if we didn't take him home.

Zach's Bipolar Psychosis, severe Reactive Attachment Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, sensory processing, juvenile conduct disorder, strong inattention, impulsivity and violently acting outs-- in ways that have harmed self and others, and criminal activities including, but not limited to arson, coercion, and threats to kill us, his parents—has caused us to reach our abilities to parent our child.

Our family has struggled for many years to address Zach's needs, yet we continue in severe turmoil, and often experience a sense of powerlessness, hopelessness and failure. My husband and I have done everything possible to help him: play therapy, art therapy, attachment therapy, cognitive behavior therapy, EMDR therapy, equine therapy, and home therapy. We've even gone to couples counseling and parenting classes through the years. Although therapy and tight supervision helped, we sporadically saw progress—but usually not for long. *The lack of Post Adoptive Services and ineffective Mental Health Services that we have experienced as parents caring for a child who has experienced severe trauma and mental illness leaves us in a forsaken place.*

Zach is sensory seeking, has no concept of danger, little awareness of cause and reaction and no understanding of empathy, or the ability to accept responsibility. He is 75% in control in public, well mannered, thoughtful and helpful. At home, or at any other location without direct adult supervision, he can be out of control and downright dangerous. This is what makes it difficult to manage Zachary at home and school. His behavior is endangering us, especially me, his brothers, our neighbors, and peers at school. There have been times we have been very afraid during his anger and rage outbursts. Whenever he is asked to do something he doesn't want to do—like help with a chore, get dressed or if we are eating food that he doesn't like for dinner, he argues and yells, screams, and often kicks and hits or self-harms.

Repeatedly the mental health center has sent us home, *expecting us to provide Residential Treatment level care* though we can't maintain the safety concerns for our developmentally-complex child.

These last few years Zach's behavior has spiraled out of control. No one gives birth or adopts a child with the hope that residential treatment will be in the picture someday. Through consultation with Zach's therapists and DHS in creating a long-term treatment plan, and in order for continued services at the residential treatment center (our insurance only covered one month, and it is \$10k/month), in November 2018, we agreed to give up custody of Zach to DHS in order for payment for his treatment to continue.

Deciding to follow DHS' recommendation to temporarily relinquish our rights was the hardest decision we've ever had to make, but we knew Zach had needs and we were humble enough to recognize we were out of resources. We felt it would have been selfish to deprive our son of the opportunity to have the mental/social/emotional treatment we knew he needed. So, we checked our pride at the door in an effort to give him a chance at a better, stable life.

While Zach was finally in a safe place right, he still experienced extreme highs and lows in his response to treatment. He had two additional stints at a Psych Hospital and a stay at St. Mary's to try to stabilize him. Multiple episodes with physically aggressive outbursts earned *Zach 7 citations ranging from mischievous conduct, \$2500+ in property damage (2 times), a false sexual allegation against a staff member, and physical assault on a different staff member.* The DA is pursuing three of the most significant charges. It is unclear to us how these legal proceedings (and possibly outcomes) will impact his treatment program.

When he had these manic episodes and was transferred via the Police and DHS to a mental health center for stabilization, only once did they keep him. They said he didn't qualify for additional services. So, the RTC team had to start taking him to the Emergency Room as an alternative setting to keep him safe.

The amount of time my husband and I have devoted to trying to find Zach temporary mental health services is absurd. This, combined with the fact that mental health centers didn't respond to DHS's request to admit him – saying he was too dangerous for them, illustrates why Senate bill 19-222 is so important to the state of Colorado. People with extreme mental health circumstances need a plan to increase the number of treatment programs across the state.

Thank you.

Kimberley Lewis