**RE: Bill of Rights for Foster Youth (HB 24-1017)**

Dear Senate Health & Human Services Committee:

On behalf of Lambda Legal Defense and Education Fund, National Center for Lesbian Rights, and American Atheists, we write in support of Colorado HB 24-1017, the Bill of Rights for Foster Youth, which has passed the Colorado House and is now being considered in the Senate. We thank you for considering this bill.

As organizations devoted to advancing equality for lesbian, gay, bisexual, transgender, queer or questioning, intersex, non-binary children, or children who do not conform to gender stereotypes (LGBTQ+)[1], we are keenly aware of the critical importance of nondiscrimination protections for LGBTQ+ youth and other historically marginalized groups in foster care. LGBTQ+ youth are over-represented in the foster care system compared to their presence in the general population, making up an estimated 30-34 percent of foster youth.[2] They also experience twice the rate of mistreatment in care as their non-LGBTQ+ counterparts[3] and have worse outcomes related to placement instability,[4] homelessness,[5] hospitalization for emotional reasons,[6] and criminal justice involvement.[7] Harm and trauma are compounded for youth with intersecting identities who may face discrimination on account of their race, national origin, and/or disability status and may also face specific or related additional harm on account of their actual or perceived sexual orientation, gender identity, gender expression, or sex

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[1] We use LGBTQI+ in this comment unless research we cite uses another abbreviation or where research focuses on a subset within the LGBTQI+ population.

[2] *See* Laura Baams, Bianca D.M. Wilson & Stephen T. Russell, *LGBTQ Youth in Unstable Housing and Foster Care*, 143(3): e20174211 Pediatrics (2019), *available at*: https://pediatrics.aappublications.org/content/pediatrics/early/2019/02/07/peds.2017-4211.full.pdf; Megan Martin, Leann Down, & Rosalynd Erney, *Out of the Shadows: Supporting LGBTQ youth in Child Welfare Through Cross-System Collaboration*, Center for the Study of Social Policy (2016), *available at:* https:// cssp.org/resource/out-of-the-shadows/; *See also*, Theo G. M. Sandfort, *Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City: Disproportionality and Disparities*, Administration for Children's Services, , 5 (2020), *available at:* https://www1.nyc.gov/assets/acs/pdf/about/2020/WellBeingStudyLGBTQ.pdf; Marlene Matarese, Angela Weeks, Elizabeth Greeno, & Paige Hammond, *The Cuyahoga Youth Count: A Report on LGBTQ+ Youth Experience in Foster Care*, The Institute for Innovation and Implementation, 5 (2021), *available at:* https://theinstitute.umaryland.edu/media/ssw/institute/Cuyahoga-Youth-Count.6.8.1.pdf.

[3] Matarese et al., *The Cuyahoga Youth Count* at 11; Bianca D.M. Wilson, Khush Cooper, Angeliki Kastanis & Sheila Nezhad, *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles,* UCLA School of Law, the Williams Institute, 40 (2014), *available at:* https://williamsinstitute.law.ucla.edu/wp-content/uploads/SGM-Youth-in-Foster-Care-Aug-2014.pdf.

[4] Baams et al., *LGBTQ Youth in Unstable Housing and Foster Care.*

[5] Martin et al., *Out of the Shadows* at 10; Sandfort, *Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City* at 5; Matarese et al., *The Cuyahoga Youth Count* at 12; Wilson et al., *Sexual and Gender Minority Youth in Foster Care* at 6.

[6] Matarese et al., *The Cuyahoga Youth Count* at 8; Wilson et al., *Sexual and Gender Minority Youth in Foster Care* at 6.

[7] Martin et al., *Out of the Shadows* at 8; Matarese et al., *The Cuyahoga Youth Count* at 12.

characteristics.[8] Therefore efforts to improve wellbeing and permanency outcomes of LGBTQ+ youth must "address the particular kind of marginalization which occurs at the intersection of race (culture, ethnicity) and sexual orientation and/or gender identity… [and address] the roles that racism, heterosexism, and anti-trans bias play in creating [] disparities."[9]

Professional organizations and associations that set professional standards for the well-being of children in foster care systems, in addition to LGBTQ+, child advocacy, and child welfare groups around the country, have repeatedly recognized the importance of policies that prohibit discrimination while in foster care and affirm and support LGBTQ+ youth.[10] Some of these groups have shared first-hand knowledge of LGBTQ+ youth with experience in foster care and their recommended changes in hopes of preventing further harm and eliminating inequities. These youth described discrimination and mistreatment by agency caseworkers, group home staff, and foster parents; imposition of the religious values of placement providers; multiple placement changes related to their identity; lack of access to gender-affirming medical care; lack of connection to community resources, and an absence of safety fueling a fear of coming out while in care, among other serious concerns. Their voices can be found in the attached appendix.

Colorado has been at the forefront of LGBTQ+ nondiscrimination protections for years, and those protections should explicitly cover youth involuntarily removed from their homes and placed into the foster care system. We agree with the bill sponsors and the United States Department of Health and

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[8] *See supra* note 2; *See also*, Dorothy Roberts & Lisa Sangoi, *Black Families Matter: How the Child Welfare System Punishes Poor Families of Color*, The Appeal (Mar. 26, 2018), *available at* https://theappeal.org/black-families-matter-how-the-child-welfare-system-punishes-poor-families-of-color-33ad20e2882e/; *Indian Boarding Schools,* NICWA, *available at:* https://www.nicwa.org/boardingschools/#:~:text=Because%20of%20its%20significant%20impact,1960s%20as%20boarding%20schools%20waned; *Disproportionality in Child Welfare Fact Sheet,* National Indian Child Welfare Association, *available at:* https://www.nicwa.org/wp-content/uploads/2019/10/2019-AIAN-Disproportionality-in-Child-Welfare-FINAL.pdf; Wilson et al., *Sexual and Gender Minority Youth in Foster Care;* Jeffrey M. Poirier, Sandra Wilkie, Kristin Sepulveda, & Tania Uruchima, Jim Casey Youth Opportunities Initiative: Experiences and Outcomes of Youth who are LGBTQ, 96 Child Welfare 1 (2018).

[9] Wilson et al., *Sexual and Gender Minority Youth in Foster Care* at 41.

[10] Child Welfare League of America *et al., Recommended Practices: To Promote the Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and Youth at Risk of or Living with HIV in Child Welfare Settings* (2012), *available at:* https://legacy.lambdalegal.org/sites/default/files/publications/downloads/recommended-practices-youth.pdf; Shannan Wilber, Caitlin Ryan & Jody Marksamer, *CWLA Best Practice Guidelines*, Child Welfare League of America (2006), *available at*: https://www.nclrights.org/wp-content/uploads/2013/07/bestpracticeslgbtyouth.pdf; *Getting Down to Basics - Tools to Support LGBTQ Youth in Care - What the experts say: Position & Policy statements on LGBTQ Issues from Leading Professional Associations,* Lambda Legal (2015), *available at:* https://legacy.lambdalegal.org/sites/default/files/what_the_experts_say_2015.pdf; Steven Olender, *The Biden Administration Must Advance Policies to Support LGBTQ+ Children and Adults in the Child Welfare System*, Children's Defense Fund (July 16, 2021), *available at:* https://www.childrensdefense.org/blog/lgbtq-child-welfare-system-rfi/; Casey Family Programs, *Supporting LGBTQ2SIA+ families means doing no harm* (Mar. 15, 2022), *available at:* https://www.casey.org/supporting-lgbtqsia-families/.

Human Services that while LGBTQ+ youth have the same needs as all youth – a loving family and safety and support in their home and communities – their experiences with bias, discrimination and stigma in society place them in unique situation that requires additional safeguards to ensure a safe, loving, and affirming experience while in foster care. It is particularly valuable that HB 24-1017 protects the expression of gender identity, requires the use of name and pronouns a youth uses, guarantees adequate access to gender-appropriate clothing and hygiene products, and necessitates adequate and appropriate medical and mental health care. Further, we thank the bill sponsors for summarizing available research about the experiences of LGBTQ+ children in foster care and proposing a bill that addresses well-documented discrimination, physical and emotional harm, and other challenges that have plagued LGBTQ+ youth in the foster care system for years. The explicit requirements that foster youth are free from discrimination or harassment based on sexual orientation, gender identity, gender expression, and HIV status are long overdue and provide necessary guidance to ensure state and federal constitutional rights[11] and existing requirements under the law are guaranteed for an especially vulnerable population. Also, all youth in care of the state, including LGBTQ+ youth, should be able to practice a religion of their choosing or to not practice a religion and to have their cultural and ethnic traditions respected.

Establishing protections from discrimination and harassment as well as the other important rights set out in HB 24-1017, along with advising all children of those rights and their ability to enforce them, are essential components of system dedicated to ensuring the safety, permanency, and wellbeing of children.

Sincerely,

Lambda Legal, National Center for Lesbian Rights, and American Atheists

[11] In 2020, like most years, Colorado received approximately 98 million dollars of federal funding to support the foster care system. (Colorado Fact Sheet 2021, Casey Family Programs, https://www.casey.org/media/colorado-fact-sheet-2021.pdf). The United States Department of Health and Human Services and the Administration for Children and Families are responsible for ensuring that those funds are spent in compliance with constitutional safeguards, and federal statutes and regulations, including federal civil rights law. (Office for Civil Rights, *Enforcement Activities and Results*, U.S. Department of Health and Human Services (reviewed Oct. 27, 2021), *available at:* https://www.hhs.gov/civil-rights/for-providers/compliance-enforcement/index.html.)

**Appendix**

LGBTQI+ youth with lived experience in care:

- "Agency directors need to take a visible stand, implement real change, ban discrimination, and hold staff accountable for discriminatory treatment."[12]
- "Young people in care experience so many placement changes that they are left with little hope for permanency."[13]
- "My heart goes out to all the people who live in homes that aren't accepting right now [during the pandemic]. They can't be themselves freely. They can't come out because they're afraid they'll be hurt by their foster families or group homes. LGBTQ youth are so trapped right now and many of them are in danger. It breaks my heart."[14]
- "It became real clear to me that my caseworker wouldn't be able to handle it if I came out and told her I was gay. A couple of times I tried to hint around about it, but she just wasn't hearing any of it. And she was always asking me about my 'girlfriends.' So when she found me a foster home, I knew I couldn't count on her to have made sure they'd be cool with my being gay. I was afraid to tell my foster family too. So, more time in the closet for me."[15]
- "After coming out to one of my foster families, I was told I was going to hell and forced to go to church with them. I became very closeted after that and didn't tell any other foster families I was a lesbian. I was in 22 different homes; many of them were very religious."[16]
- "My foster family took away my clothes, called me a 'dyke,' and tried to remake me."[17]
- "I think it would have helped me if I would have known that my foster mom or my foster dad were ok with [my sexuality]. I never knew if I could disclose it and I never did. And I think that's where I think a lot of my outlashing, my attitude, my anger, my depression and my rebellion came from. I felt like nobody understood me. If there was some sort of way for me to know that they were conscious of me and my sexuality and what I'm dealing with, they wouldn't even have had to sit there and say it, but even just providing the environment and that thought process, I think that would have helped me."[18]
- "In my first group home, the staff sat me down with a big family Bible and described to me why it was wrong to be gay."[19]
- "I got jumped by a bunch of guys in my group home, and when I told the Director he said, 'Well, if you weren't a faggot, they wouldn't beat you up.'"[20]
- "Some group homes block mentors and other supportive adults from talking to young LGBTQ people."[21]

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[12] Rob Woronoff, Rudy Estrada, Susan Sommers et al.. *Out of the Margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care,* Lambda Legal Defense and Education Fund & Child Welfare League of America, 96 (2006), *available at:* https://lambdalegal.org/wp-content/uploads/2011/11/out-of-the-margins.pdf.
[13] Woronoff et al., *Out of the Margins* at 68.
[14] Christina Wilson Remlin, Madeline MacNiel Kinney, Daniele Gerard, & Daniel Adamek, *Fostering Inequity: How COVID-19 Amplifies Dangers for LGBTQ+ Youth in Care*, Children's Rights, 7 (2020), *available at:* https://www.childrensrights.org/wp-content/uploads/imported-files/Fostering-Inequity-2020-Web-Mid-Res.pdf
[15] Woronoff et al.*, Out of the Margins* at 2.
[16] *Getting Down to Basics: Tools to Support LGBTQ Youth in Care*, Lambda Legal Defense and Education Fund & Child Welfare League of America, 26 (2012), *available at*: https://legacy.lambdalegal.org/sites/default/files/publications/downloads/getting_down_to_basics_-_2015.pdf.
[17] *Getting Down to Basics* at 12.
[18] Martin et al., *Out of the Shadows* at 17.
[19] Woronoff et al., *Out of the Margins* at 113.
[20] *Getting Down to Basics* at 14.
[21] Woronoff et al., *Out of the Margins* at 48.

- "The most important issue is safety, especially in "straight" group homes where the staff can be unfriendly and rape and other forms of abuse are often tolerated."[22]
- "One group home wouldn't let my friend buy her own clothes because they said she was going to buy 'boy' clothes. Why do I have to wear what you want me to wear?"[23]
- "Training on sexuality and gender issues should be incorporated into existing foster care staff and parent training."[24]
- "Sensitivity training on transgender issues is needed for all child welfare staff, across the board."[25]
- "Transgender young people often lack information about themselves, and have limited access to resources and information.[26]
- "We shouldn't have to get the hormones we need from the streets. We should have access to hormones from primary care physicians or friendly doctors who understand our needs."[27]

In 2017 three transgender young women shared their experiences and recommendations for change in a report, *Safe Havens: Closing the Gap Between Recommended Practices and Reality for Transgender and Gender Diverse Youth in Out of Home Care*,[28] authored by Lambda Legal, Children's Rights, and the Center for the Study of Social Policy:

- "While in care, Ashley experienced discrimination in multiple ways on account of her identity: Caseworkers and providers failed to respect her as female and she was placed in non-affirming housing and therapeutic services. While there, she was physically and emotionally victimized."[29] "Ashley notes that in the past she was placed in facilities that were supposed to help her when she was contemplating suicide, but says on the contrary that they were actively harming her by failing to acknowledge her identity. Also, she endured harassment. She feels strongly that child welfare agencies should guarantee that youth are not placed in harmful settings, especially when they are at their most vulnerable. This requires solid feedback mechanisms such as follow-up by placement agencies, interviews with young people and ongoing coaching and training for staff to ensure supportive and affirming treatment for all young people in their care."[30]
- "According to Savannah, her parents [did] not 'agree' with her identity. While living in their home, Savannah experienced emotional distress and exhibited behavior problems, including self-harm and attempted suicide. After entering the child welfare system, the county child welfare agency and its contracted providers rejected her identity. Thus, Savannah was placed in foster homes that were not affirming. The county refused to allow Savannah to use her clothing stipend to buy female clothing, citing 'agency policy.' Neither the county nor their contract agencies ensured that she was able to access trans-affirming behavioral health and medical care. While Savannah was still a minor, she was told that she would have to wait until she was 18 to begin hormone therapy."[31]

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[22] *Id*. at 85.
[23] Martin et al., *Out of the Shadows* at 23.
[24] Woronoff et al., *Out of the Margins* at 87.
[25] *Id*.
[26] *Id*. at 89.
[27] *Id*. at 88.
[28] Christina Wilson Remlin, M. Currey Cook, Rosalynd Erney *et al*., *Safe Havens: Closing the Gap Between Recommended Practice and Reality for Transgender and Gender-Expansive Youth in Out-of-Home Care*, Lambda Legal Defense and Education Fund, Children's Rights, & Center for the Study of Social Policy (Apr. 2017), *available at* https://legacy.lambdalegal.org/sites/default/files/publications/downloads/tgnc-policy-report_2017_final-web_05-02-17.pdf.
[29] Remlin et al., *Safe Havens* at 31.
[30] *Id.* at 32.
[31] *Id*.

- "During her childhood and adolescence, Jennifer experienced physical and emotional trauma, conflict between her parents and difficulty accepting her transgender identity. These experiences impacted Jennifer's mental health. After threatening to harm herself, she was admitted to an acute psychiatric facility. After a few weeks, Jennifer was stable enough for discharge from the facility, but her parents refused to take her home. They felt her behavior problems and mental health issues were too extreme for them to handle. The state child welfare agency took custody of Jennifer. Although the facility had deemed Jennifer ready for discharge and the state was legally required to find a less restrictive placement for her since she no longer needed acute care, she remained there for several months. She understood the delay was because no home or facility across the state would accept her as a transgender girl and affirm her identity. Ultimately, due to lack of affirming placements in her state, the child welfare agency placed Jennifer in a residential treatment facility in a neighboring state… While in care, Jennifer experienced additional discrimination due to the fact that her caregivers interpreted gender to mean her sex assigned at birth. Jennifer was unable to use her state clothing stipend for female clothing, because the state's 'policy' at the time was that 'gender appropriate' clothing meant clothing consistent with a youth's sex assigned at birth. In addition, when staff at one of the facilities got angry with her, they would intentionally misgender her as a punishment ... Jennifer says that she knew she was sent away because 'no one would accept me because of who I am,' and it made her feel rejected and unwanted."[32]

In addition to the experiences with the child welfare system shared by LGBTQI+ children in reports, as part of studies, at conferences, and in listening sessions, Lambda Legal has received multiple calls to its Help Desk and its Youth in Out-of-Home Care Project from children in care, their advocates, and concerned adults:

- A teenager shared that she had left her home after her mother choked her when her mother found out she was lesbian by reading the girl's diary. The girl said the case worker assigned to investigate a report of harm about the physical assault told her that "it was [the girl's] fault" because she is lesbian, and "she has no place to put a lesbian teenager" and has "babies to worry about."
- An agency leaving a transgender girl in juvenile detention because it did not have a placement available that would accept her even when a juvenile court judge had found she did not meet legal requirements for detention.
- Multiple reports of placement of transgender youth in out-of-state residential treatment facilities because no treatment facility in the youth's state would place a youth in sex-segregated programming consistent with their identity.
- A youth's therapist, arranged for them by the agency, engaging in efforts to "convert" or "change" the youth because the therapist's faith did not approve of LGBTQ+ people.
- Placement of a transgender girl against the wall in the sleeping area of an emergency shelter in a bed that straddled the imaginary line between the "boys' side" and the "girls' side" because shelter staff said the girl was "neither."
- Placement of a transgender girl in a hallway between a "boys' side" and a "girls' side" of an emergency shelter with 24-hour staff supervision because she was deemed a "safety risk" as a trans girl if placed with other girls.
- Numerous instances of congregate care staff using a transgender youth's chosen name and pronouns as a reward for good behavior or denying participation in programs consistent with identity as a punishment.

[32] *Id.* at 33-34.

- Numerous instances of state or county agency caseworkers telling transgender youth that "they don't permit youth to access gender affirming medical care," that the "youth's attorney will have to ask for that," or "just wait until you are eighteen."

These examples, which represent a fraction of the calls Lambda Legal has received over the years, and the experiences shared by children across multiple studies and in multiple fora, demonstrate that harm to LGBTQI+ children is pervasive, occurs at multiple interaction points within the child welfare system and not just in foster care, and negatively impacts LGBTQ+ children of color and those living with disabilities compared to other children.

Jearell Kelley, a concerned Colorado citizen, submits the following in response to HB24-1017 (Bill of Rights for Foster Youth).

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In March 2020, the Pennsylvania House's Health Committee held an informational health care public hearing to discuss appropriate standards of care for minors experiencing gender dysphoria. The following testimony is from Dr. Stephen Levine, Clinical Professor of Psychiatry at Case Western Reserve University School of Medicine.

**Note 1: Dr. Stephen Levine has five decades of experience working with gender dysphoria individuals.**

Note 2: You may hear his 16-minute testimony by going to CensoredEvidence.org, select the Categories 2 tab near the top, then scan down to the "Gender Confusion" box.

Note 3: Dr. Levine's 8 key quotes seem to be:

a) *Indeed, the aspiration to become a complete man or woman is not even attainable in the trans person's private subjective self.*

b) *I have seen children desist even before puberty in response to thoughtful parental interactions in just a few meetings with a therapist. In my opinion, in the case of children, prompt and thorough affirmation of a claimed transgender identity disregards the principles of child development and family dynamics and is not supported by science.*

c) *These clinics are often called gender affirming clinics. The name of the clinic tells you that there is not a careful psychiatric extended evaluation of this stuff.*

d) *Claims that affirmation will reduce the risk of suicide for children and adolescents is not based on firmly established science. A Swedish follow-up study tracked almost all individuals in that country who underwent sex reassignment surgery over a thirty-year period and found the suicide rate, I am not exaggerating ladies and gentlemen, the suicide rate of Sweden, among people who are operated on for this problem was 19 times the general population. We do not know that kids who do not transition have a higher risk of suicide. We do not know that. That is not an established fact. But what many people believe, that unless I transition my kid, they're going to be dead.*

e) *There are no studies that show the affirmation of a trans-identity in prepubescent children leads to more positive outcomes say by age 25 or 30 then does watchful waiting or ordinary psychotherapeutic approaches. On the other hand, what is known is that there are numerous*

*known likely and possible long-term downside risks associated with living life as a transgender individual.*

f) *Does any 11-year-old, even one who has parental consent, have the capacity, consider the implications of personal sterility that may show up in his or her life twenty years later?*

g) *Some and perhaps many transgender individuals who transitioned as children and thus do not go through puberty consistent with their sex, face significantly diminished sexual response, as they enter into young adult life and are unable to ever experience orgasm. Children of course cannot imagine what this will mean for their future lives and psyches.*

h) *If you block a kid's puberty in 3, 4 years, he remains looking like a child and feeling like a child while his peers are into a whole different phase. I've worked with multiple individuals who have abandoned trans-female identity after inhabiting that identity for years who expressed regret.*

You may also scan the following transcript of that 16-minute recorded testimony from Dr. Stephen Levine. If there are errors, I, Jearell Kelley, unintentionally entered the transcript errors. Please see the original recording if there are questions.

**Now for Dr. Stephen Levine's Testimony to Pennsylvania House's Health Committee:**

*I first encountered a patient suffering from what we now call gender dysphoria in July 1973. In 1974, I founded the Case Western Reserve University gender identity clinic. I was an early member of the Harry Benjamin International Gender Dysphoria Association, which today is known as W Path. I served as the chairman of the Standards of Care Committee for W Path, contrary to hopes that medicine and society can fulfill the aspiration of the transindividual to become a complete man or a complete woman. This is not biologically attainable. Indeed, the aspiration to become a complete man or woman is not even attainable in the trans person's private subjective self.*

*First perspective, some speak of gender dysphoria as though it were a curable physical mental illness that causes endless suffering. It should be noted however that gender dysphoria is not a medical disease it's a psychiatric illness. There is no physical or biological or specific abnormality of the sex organs or the brain at this point in our knowledge among these individuals. And since doctors gave up performing lobotomies to treat psychiatric disorders many decades ago, gender dysphoria is the only psychiatric diagnosis which doctors are attempting to treat by surgery.*

*The second way of looking at gender dysphoria is in developmental terms. We could call that a developmental model. In a young child, we would view attraction to a transgender identity as likely as an adaptation to a psychological problem that was first manifested as a failure to establish a comfortable conventional sense of self in early childhood. In an adolescent, clinicians would look for fear or a sense of failure associated with the roles that the individual associates with his or her biological sex. In other words, we're very thoughtful about the things that a child may misunderstand, may not have lived long enough to grasp, yet. Many young children trans-*

*identified boys think that males can only be/exist in this range of behavior (His left and right hands were close together to suggest a narrow range.) whereas when they're older they will understand you can be a man in any one of these ways (His left and right hands are spread out farther apart to suggest a larger range.) and similarly for girls. This is a child's thinking not a grownup's thinking.*

*Some strident advocates oppose the developmental view, asserting that trans-identity is biologically caused and it's unchangeable, but this is not supported by science. Recent sudden changes in the numbers and makeup of those experiencing gender dysphoria strongly suggest a cultural or a sociologic, rather than a biologic cause, because the genetic makeup of our species does not change over a 20-year period.*

*A recent study has documented a clustering of new presentations in specific schools among specific friend's groups. All these observations point to social influences on the construction of gender identity or transgender identity. The first approach we would call watchful waiting. We have a six-year-old, an 8-year-old who is cross gender identified and gender non-conforming. This model is particularly relevant to those before puberty. The scientific basis of this approach is the fact documented by 11 of 11 prospective follow-up studies performed by different research groups at different times in different countries. Eleven of eleven studies have demonstrated that the large majority of young children who present with gender dysphoria, if left untreated, uninvolved with, will evolve to a gender identity consonant with their biologic sex by the end of adolescence.*

*There have been eleven studies of children following young children for up to 10 years into adolescents. All 11 of those studies have found that the majority of the children outgrow it. The majority. The highest one is like close to 90%, but there some have been in the 60% range. You see that's very important for us to understand, because it feels to me like there may be an ethical question here about intervening when children would desist. It seems to me that why aren't we talking about the ethics of that? I and other clinicians have witnessed reinvestment in patients by logic sex is some individual patients who are undergoing psychotherapy. I have published a paper recently on one patient who sought my therapeutic assistance to reclaim his male gender identity 30 years after living as a woman and who is in fact today living as a man. I have seen children desist even before puberty in response to thoughtful parental interactions in just a few meetings with a therapist. In my opinion, in the case of children, prompt and thorough affirmation of a claimed transgender identity disregards the principles of child development and family dynamics and is not supported by science.*

*Many trans care facilities are staffed by mental health professionals who have very limited experience with recognizing and treating psychiatric problems that often accompany gender dysphoria. As a result of the downgrading of the role of psychiatric assessment and treatment of patients, new gender affirming clinics have arisen in many urban settings and recommend transition with remarkable, indeed distressing, really remarkable speed, sometimes after a single one-hour session. In my opinion this cannot be reconciled with responsible mental health care. These clinics are often called gender affirming clinics. The name of the clinic tells you that there is not a careful psychiatric extended evaluation of this stuff. What is happening in the United States*

*is affirmation. Affirmation, affirmation and no consequence. No thought given to the long-term consequences based upon 50 years of cross-gender cross-sectional studies showing that this is a marginalized vulnerable psychiatric and drug impaired group of people. I have a phenomenon where a high percentage of people have significant ongoing psychiatric needs. It seems to me that all of us should have some pause about what we do. And I don't think that the concept of we have a six-year-old who's non-gender conforming and that we ought to affirm that child and let's that leave that child to believe that she can be a boy or she [he] can be a girl. I don't think that's helping with what psychiatrists called the reality testing of the child.*

*A comparison of recent and older studies suggests that when affirming methodology is used with children, a substantial proportion of those children, who would otherwise have desisted if left alone, persist in their gender identity. In other words, gender affirming of children leads to a very high incidence of trans-identity puberty and the failure to desist. Whereas if you leave the children alone many of them will desist. If you treat them young and intervene and support them, they're going to have a transgender identity in adolescence. So we have to ask the question, what does that mean for the long run of the child. The increasingly widespread use of social transition for children is locking a large number of children into a trans-identity and life who had otherwise become comfortable with their gender of their biologic sex before reaching adulthood.*

*We should all seriously consider that the drive to block puberty derives from the experience of trans-identified adults who recall personal discomfort about their subjective gender discomfort in childhood and adolescence. It does not consider all those children and teenagers who outgrew their discomfort. In other words, the idea of giving puberty blockers is based upon adults who are not doing well, recalling that they were uncomfortable with their body and so that suffering among 40-year-olds have led some researchers to think we could prevent this suffering if we only block their puberty. But that does not consider those people who outgrew it and are not talking at age 40 about their discomfort.*

*Certain advocates and advocacy organizations make statements that would give the impression that science has already established that prompt affirmation is the best for all patients including children who present the indicators of trans-identity. This belief is not based on good science. Ignores both what is known and what is unknown about health outcomes for transgender people. Advocates of immediate and unquestioning affirmation of social transition sometimes assert that any other course will result in a higher risk of suicide in affected children and teenagers. Leaving aside young children who very rarely commit suicide for any reason, it is certainly true that individuals with gender dysphoria are well known to commit suicide at elevated rates, but this is true both before and after social transition and before and after gender conforming surgery, which used to be called sex reassignment surgery. No studies show that affirmation of children or adolescents reduces completed suicide rates, prevent suicidal ideation or improves long-term outcomes as compared to either watchful waiting or a psycho therapeutic model of approach to these children. Claims that affirmation will reduce the risk of suicide for children and adolescents is not based on firmly established science. A Swedish follow-up study tracked almost all individuals in that country who underwent sex reassignment surgery over a thirty-year period and found the suicide rate, I am not exaggerating ladies and gentlemen, the suicide rate of Sweden, among*

*people who are operated on for this problem was 19 times the general population. We do not know that kids who do not transition have a higher risk of suicide. We do not know that. That is not an established fact. But what many people believe, that unless I transition my kid, they're going to be dead. And what happens oftentimes is the trusted pediatrician or the mental health counselor or the psychiatric evaluator or the nurse dealing with them has said to their parents that's a manipulative coercive terrifying thing. You see now we in the medical profession want our patients to trust us. That we do know the science of things and if we summarize that your kid is going to be dead unless you transition them, they either trust that and "Oh my god we better do this, and let me put aside all my intuitive worries about the wisdom of this," you see, or they get another opinion. There are no studies that show the affirmation of a trans-identity in prepubescent children leads to more positive outcomes say by age 25 or 30 then does watchful waiting or ordinary psychotherapeutic approaches. On the other hand, what is known is that there are numerous known likely and possible long-term downside risks associated with living life as a transgender individual.*

*Let me detail several classes of predictable likely or possible harms to patients associated with transitioning to live as a transgender in the individual. The first one I want to mention is sterilization. Obviously, sex reassignment surgeries that remove penis, testes, ovaries, vagina and uterus are inevitably sterilizing, but medical professionals also believe that we should assume that crossed sex hormones, which are increasingly administered to older minors may also be permanently sterilizing. Does any 11-year-old, even one who has parental consent, have the capacity, consider the implications of personal sterility that may show up in his or her life twenty years later?*

***Second, The Loss of Sexual Response:***
*Puberty blocking prevents maturation of the sexual organs and sexual physiologic responses. Some and perhaps many transgender individuals who transitioned as children and thus do not go through puberty consistent with their sex, face significantly diminished sexual response, as they enter into young adult life and are unable to ever experience orgasm. Children of course cannot imagine what this will mean for their future lives and psyches. In terms of mental health, however, in my opinion, individuals in whom puberty is delayed multiple years are likely to suffer a negative psychosocial and self-confidence effects as they stand on the sidelines while their peers undergo pubertal changes and get involved in social interactions that cause them anxiety but help them to learn how to manage their sexual feelings and to conduct interpersonal relationships. Thus, if you block a kid's puberty in 3 4 years, he remains looking like a child and feeling like a child while his peers are into a whole different phase. I've worked with multiple individuals who have abandoned trans-female identity after inhabiting that identity for years who expressed regret.*

*A surgical group prominently active in sex reassignment surgery has published a report on a series of seven male to female patients requesting surgery to transform their surgically constructed female genitalia back to their original male form. They cannot surgically be returned to their previous normal genital anatomy. The trans-person of either sex who requests having their body returned to the original sexed appearance should worry all professionals.*

March 23, 2024

To the Senate Health & Human Services Committee,

I'm Ellen Daehnick, I live in Denver's Senate District 34, and I represent myself. I oppose HB 24-1017, the Bill of Rights for Foster Youth, and I urge the committee to vote no on or amend this bill.

I understand the need to make changes to the laws covering foster care in Colorado. However, HB 24-1017 includes a provision requiring that foster parents must provide “gender affirming care” to children in their households. “Gender affirming care” includes the promotion of extreme interventions such as puberty blockers, sex trait modification through cross sex hormones, and irreversible surgeries as a remedy for mental distress, and these may represent the biggest medical scandal of our time. Despite no quality or long-term evidence, these radical interventions have been falsely presented not only as safe, but as lifesaving for children.

Instead of improving the lives of young people experiencing gender-related distress, these unstudied interventions have created lifelong medical patients at high risk for permanent sexual dysfunction, and in some cases have resulted in sterilization. Long-term studies on adults post-surgery show an increased risk of suicide post transition, despite restrictive patient screening, while studies on children show that if left alone, most gender distress resolves after adolescence without medical intervention. In fact, medical interventions appear to cause feelings of distress to persist. Those on puberty blockers are all but guaranteed to continue to cross-sex hormones — a statistical anomaly that can’t be chalked up to quality assessment prior to treatment when reports show that there’s often no assessment at all before starting blockers.

No child is born in the wrong body, and the belief that they can be is not supported by science. Please don’t vote for this bill as written. Please either vote no on HB 24-1017, or insist on an amendment to remove the “gender affirming care” requirement before passing HB 24-1017 out of the committee.

Thank you for allowing me to provide written testimony against HB 24-1017,

Ellen Daehnick
Denver, CO

If you’d like to read more about what many Democrats like me think about gender ideology and policy, information is available from Democrats for an Informed Approach to Gender at di-ag.org. I am not representing DIAG with my testimony, but I support the group.

**Senate Health & Human Services**
**03/28/2024 01:30 PM**
**HB24-1017 Bill of Rights for Foster Youth Typed Text of Testimony Submitted**

| Name, Position, Representing | Typed Text of Testimony |
|---|---|
| Diane Starkey<br>Against<br>themself | Dear Senate Members,<br>This bill takes away the rights of the foster parents as to how they want to influence their foster child in their home especially if they already have children previously adopted or children by natural birth. Why would any foster parent want a foster child with these restrictions that go against their personal moral value system. You are going to prohibit fostering in the state of Colorado with these restrictions. Isn't the goal of fostering to have as many children adopted into good, loving, caring homes as possible rather than have them stay in the state system of care. You are forcing other people to have the same moral values that you have which in many cases are prohibited by the Holy God of the Christian faith. If you are going to try & force your values on others you need to consider fostering these children yourselves otherwise you need to allow children to be foster into homes that don't necessarily believe as you do.<br><br>You are adding more confusion and instability to a child's life by these restrictions you are putting on fostering parents. The fact that 70% of the time fostering parents adopt their fostered child and they are not going to want to introduce your thinking to that child. It's a lose lose situation what you are attempting to do to the foster care system.<br><br>I do not agree with what you are trying to do so hope you vote this bill down.<br><br>Sincerely,<br>Diane Starkey |
| Diane Starkey<br>Against<br>themself | Dear Senate Members,<br>This bill takes away the rights of the foster parents as to how they want to influence their foster child in their home especially if they already have children previously adopted or children by natural birth. Why would any foster parent want a foster child with these restrictions that go against their personal moral value system. You are going to prohibit fostering in the state of Colorado with these restrictions. Isn't the goal of fostering to have as many children adopted into good, loving, caring homes as possible rather than have them stay in the state system of care. You are forcing other people to have the same moral values that you have which in many cases are prohibited by the Holy God of the Christian faith. If you are going to try & force your values on others you need to consider fostering these children yourselves otherwise you need to allow children to be foster into homes that don't necessarily believe as you do. |

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| | You are adding more confusion and instability to a child's life by these restrictions you are putting on fostering parents. The fact that 70% of the time fostering parents adopt their fostered child and they are not going to want to introduce your thinking to that child. It's a lose lose situation what you are attempting to do to the foster care system.<br><br>I do not agree with what you are trying to do so hope you vote this bill down.<br><br>Sincerely,<br>Diane Starkey |

TITLE: 24-0519: Bill of Rights for Foster Youth
Testimony By Alisiana Medina
Date: 01/24/2024

**INTRODUCTION:**
Ladies and gentlemen, esteemed members of the legislature, and fellow advocates,
I stand before you today to address a matter of paramount importance - the rights of children and youth in foster care within the state of Colorado. Our journey began in 2011 with the passage of SB11-120, Protections for Youth in Foster Care, a commendable effort that introduced over 20 protections under C.R.S. 19-7-101. However, over the past 12 years, our evolving understanding of the needs of children and youth demands a reevaluation of these safeguards.

**BACKGROUND:**
In 2021, the Colorado Child Protection Ombudsman released an illuminating issue brief titled "Strengthening Colorado's Foster Youth Protection Laws." This document shed light on a stark reality – the existing protections, while well-intentioned, fall short of constituting rights. Recommendations were made regarding notice and implementation, emphasizing the urgency for an update.

**RESPONSIBILITY OF THE STATE:**
It is the solemn RESPONSIBILITY OF THE STATE OF COLORADO to ensure that EVERY CHILD is entitled to a safe, loving, and affirming foster care placement. The importance of this cannot be overstated. Would any of us choose to reside in a place where such fundamental assurances are uncertain, especially when it involves our own children or when we were children ourselves? Unfortunately, this uncertainty is a harsh reality within the system.

**MY UNHEARD VOICE:**
We/I represent the uncounted voices, surpassing 3,600, currently navigating the foster care system. We are the voices that were not acknowledged, yet we stand united today to advocate for the rights that these 3,600 kids and more deserve. We are the 1/3 that faced homelessness due to a lack of state planning. We are the individuals who endured multiple school changes, impacting our education significantly. We are the ones facing challenges in high school and college graduation, despite being under the state's care.

**SPECIFIC GAPS IN PROTECTION:**
Highlighted in section 19-7-101 §1; we draw attention to specific gaps in protection:
**(F)** Nationwide, we are forced to take at least one (1) medication without our own consent.

Testimony: Forced to take birth control; I never consent to this appointment nor the application of such medication by told by my foster parent that 'all' girls have to take it in her house to keep us in her home.

**(I)** We lack notification of Social Security benefits after a parent's passing.

Testimony: I received nothing after my mother's passing in year 2000.

***19-7-101 §1 (J)(b) AMEND.***

(J)(b)(2)(a):

**(II)** FREEDOM OF THOUGHT, CONSCIENCE, CULTURAL AND ETHNIC PRACTICE, AND RELIGION, INCLUDING THE RIGHT TO ATTEND OR REFUSE TO ATTEND CULTURAL, ETHNIC, AND RELIGIOUS SERVICES AND ACTIVITIES;

<u>Testimony:</u> In delving into the expanded section addressing freedom of thought, conscience, cultural and ethnic practice, and religion, I find it necessary to share a personal perspective that underscores the importance of such provisions.

As a child in foster care, I was denied the opportunity to attend powwows with my grandma, a significant aspect of our Native American cultural practices. Several factors contributed to this denial: (1) Safety concerns arose since my grandma was not on the visitors list or the matter wasn't addressed with the courts regarding these cultural practices. (2) Financial constraints within our foster care home hindered participation in events, including those tied to our Native American practices throughout the year. (3) Conflicting schedules of our foster parent, who prioritized other obligations over engaging with our actual family members. (4) Strict enforcement of household chores every weekend, where failure to comply resulted in collective punishment, irrespective of individual effort. (5) Even on regular business days, participation in cultural practices was prohibited due to being deemed a "school night," regardless of academic performance. These were not just excuses; they were barriers imposed upon the expression of my cultural identity and the exercise of my freedom of thought and conscience. The denial of these rights further emphasizes the necessity of robust protections within the foster care system, ensuring that the diverse cultural and religious practices of children and youth are respected and upheld.

**(IV)** FREEDOM FROM THREATS, PUNISHMENT, OR RETALIATION FOR ASKING QUESTIONS, STATING CONCERNS, OR MAKING COMPLAINTS ABOUT A VIOLATION OF THE RIGHTS AND PROTECTIONS ESTABLISHED IN THIS ARTICLE;

<u>Testimony:</u> The inclusion of freedom from threats, punishment, or retaliation for expressing concerns or making complaints is a crucial step towards safeguarding the rights and well-being of children and youth in foster care. However, it brings to light a stark reality that many of us faced during our time in the system.

Despite our efforts to be well-behaved and follow the rules, we were often labeled as trouble kids. My foster parent's response to any form of dissent or non-compliance was a threat to call the police, claiming that we would be taken away to a juvenile detention center. This constant fear of retaliation created an environment where questioning, expressing concerns, or making complaints about potential violations of our rights seemed like an impossible risk.

This provision, I believe, is essential in dismantling such coercive tactics and fostering an atmosphere where children and youth feel empowered to voice their concerns without fear of punitive measures. It reinforces the principle that asking questions and advocating for our rights should be met with understanding and support, rather than intimidation and punishment.

(VII)(b) APPROPRIATE PLACEMENT AND CARE, INCLUDING;

Testimony: The provision highlighting the right to appropriate placement and care for foster care kids, specifically addressing their connection to tribes, is a significant stride towards recognizing the unique needs of children and youth in foster care. However, the real-world experiences of many reveal that this right is often not realized in practice.

Foster care kids indeed have the right to contact their tribes, regardless of whether they are considered enrolled tribal members.

Subsection **(I)(II)** CONSIDERATION OF THE CHILD'S OR YOUTH'S PREFERENCE9 REGARDING THE CHILD'S OR YOUTH'S PLACEMENT;

Emphasizes the importance of appropriate adult guidance, support, and supervision in a safe, healthy, and comfortable environment where the child or youth is treated with fairness, respect, and dignity.

Regrettably, my personal experience contradicts these ideals. When I expressed my desire to connect with my tribe, seeking information about enrollment or visiting the reservation, I was met with resistance. My foster parent, social worker, GAL, and family therapist collectively dismissed my request, citing it as a safety issue. They asserted that it did not matter, undermining my right to explore my tribal identity.

Moreover, when I inquired about support for college after leaving foster care, I was discouraged and told I wouldn't graduate high school. Despite my efforts to contact the Indian Affairs office independently, the lack of support in my placement, coupled with a dearth of respect, stripped away every ounce of dignity from my aspirations to improve my circumstances.

**(III)** FREEDOM FROM PHYSICAL, SEXUAL, EMOTIONAL, OR OTHER ABUSE; CORPORAL PUNISHMENT; NEGLECT; OR ANY OTHER FORM OF INHUMANE TREATMENT, SUCH AS EXPLOITATION OR TRAFFICKING;

Testimony: The provision emphasizing freedom from various forms of abuse, corporal punishment, neglect, and inhumane treatment, including exploitation or trafficking, is a crucial aspect of ensuring the well-being and safety of children and youth in foster care. However, it is disheartening to acknowledge that for many individuals, lived experiences often fall short of the protections outlined in this provision.

In my case, the reality of emotional abuse manifested through name-calling, with derogatory language used by my foster care parent, creating an environment of hostility. The use of slanderous terms such as "little shit" contributed to a demeaning atmosphere. Additionally, instances of physical aggression occurred when I attempted to intervene in conflicts between my foster care sister and our foster parent. This aggression left visible scars on my arms, highlighting the severity of the mistreatment.

Exploitation was also a part of our daily lives, as our foster parent utilized us for a side hustle, cleaning houses for her old customers across the state. This was framed as our assigned chores, and failure to

comply jeopardized our ability to attend school events, participate in sports or dances, and even obtain basic necessities like clothes and proper nutrition. The fear of repercussions forced compliance with her demands, creating an environment of exploitation and control.

**(V)** FREEDOM FROM ABANDONMENT OR BEING LOCKED IN A ROOM, BUILDING, OR PREMISES, OR BEING SUBJECTED TO ISOLATION OR OTHER PHYSICAL OR MEDICAL RESTRAINT, UNLESS OTHERWISE AUTHORIZED BY STATUTE;

Testimony: The provision articulating the freedom from abandonment or confinement, including being locked in a room or subjected to isolation, is paramount in safeguarding the rights and well-being of children and youth in foster care. Unfortunately, the reality of these protections often falls short, as illustrated by my own experiences.

In the Family Crisis Center and various group homes, the use of isolation, often termed as "time-out," was a prevalent practice as a form of punishment. These rooms were frequently locked from the outside, leaving me alone for extended periods without access to essential needs such as food, water, or bathroom facilities. This constituted a neglect of necessities and subjected individuals to inhumane conditions.

Even within foster care homes, isolation was employed as a disciplinary measure. Instances where I was confined to my room until "dinner time" were not uncommon. In such cases, the foster parent would bring meals to my room, creating a sense of isolation and deprivation from normal social interactions. Additionally, I was denied the right to make phone calls, further isolating me from external support systems.

Challenging these conditions was discouraged, as any attempt to voice concerns or seek explanation was met with blame and escalation of the punitive measures. This lack of understanding and communication left me in a position where compliance seemed the only option.

**(VII)** APPLICATION OF THE REASONABLE AND PRUDENT PARENT STANDARD AS REQUIRED BY FEDERAL LAW;

Testimony: The requirement for the application of the Reasonable and Prudent Parent Standard, as mandated by federal law, plays a pivotal role in ensuring that foster parents exercise sound judgment and thoughtful decision-making. However, my experiences have revealed a concerning perspective on the effectiveness of the current approach.

I recall instances where my foster parent expressed a dismissive attitude towards the training classes at D.A.Y.S center, labeling them as repetitive and uninspiring. This sentiment raises a pertinent point – the need for a more dynamic and engaging curriculum that goes beyond generic content. Introducing new and relevant material could potentially inspire foster parents to strive for continuous improvement and excellence in their role.

While acknowledging the importance of the Reasonable and Prudent Parent Standard, there appears to be a gap in the application and impact of these standards in practice. Therefore, there is a compelling need for the development of innovative and updated applications for these standards. By incorporating fresh perspectives and relevant information, we can encourage a positive shift in the mindset and practices of foster parents, ultimately enhancing the quality of care provided to children and youth in foster care.

**(IX)** TIMELY COURT PROCEEDINGS AND DETERMINATIONS ABOUT THE CHILD'S OR YOUTH'S PLACEMENT;

**(X)** EFFECTIVE CASE MANAGEMENT AND PLANNING THAT PRIORITIZES THE SAFE RETURN OF THE CHILD OR YOUTH TO THE CHILD'S OR YOUTH'S PARENTS, LEGAL GUARDIANS, RELATIVES, OR KIN, OR MOVING THE CHILD OR YOUTH TO OTHER FORMS OF PERMANENT PLACEMENT, IF NECESSARY;

Testimony: The provisions emphasizing timely court proceedings and effective case management are critical components in ensuring the well-being and prospects of children and youth in foster care. However, my personal experiences shed light on significant gaps in the realization of these rights.

Regrettably, I consistently faced challenges in obtaining timely court proceeding documentation about my case. Even when information was available, my case worker, foster parent, or Guardian ad Litem (GAL) chose not to disclose these details to me. There were instances where I received mail pertaining to my case, only to have my foster parent open it without informing me of its contents. This lack of transparency extended to critical decisions and upcoming hearings, leaving me in the dark about the progress or outcomes of my case.

The absence of effective communication from my child welfare team left me perplexed and uninformed about the status of my case. Contrary to the principles of effective case management, I often discovered crucial details after the fact. It was disheartening to learn about decisions or hearings from sources outside my immediate support network, such as my biological father or brother, with the secret cell phone I purchased.

**(XII) (C)** TIMELY NOTIFICATION TO THE SOCIAL SECURITY ADMINISTRATION TO INITIATE THE TRANSFER OF BENEFITS FROM A REPRESENTATIVE PAYEE WHEN A CHILD OR YOUTH WHO IS RECEIVING BENEFITS LEAVES THE CUSTODY OF THE DEPARTMENT OF HUMAN SERVICES; **(c)** ACCESS AND COMMUNICATION, IN A SETTING THAT PROVIDES PRIVACY FOR IN-PERSON OR OTHER METHODS OF CONTACT, WITH PROFESSIONALS AND OTHER SUPPORTS, INCLUDING;

Testimony: The stipulation regarding timely and the right to access communication in a private setting are crucial aspects in safeguarding the dignity and privacy of children and youth in foster care. However, my experiences highlight the challenges in actualizing these rights.

I am grateful for the positive experience with my Guardian ad Litem (GAL) who demonstrated genuine respect for my confidentiality. She took the initiative to meet me for coffee, ensuring a private setting, where we could discuss matters related to my family, case, and well-being. Unfortunately, this respectful and considerate approach was not mirrored by the broader child welfare system.

Contrary to the supportive relationship with my GAL, interactions with other child welfare workers were marked by stringent supervision. I was consistently monitored during phone calls, and the requirement to use the home phone within hearing distance restricted any meaningful or private conversations. Therapeutic sessions were held in an environment lacking confidentiality, with the presence of others nearby, including foster siblings. This lack of privacy created an atmosphere where I felt powerless and unable to express my concerns freely.

The absence of confidentiality in our communications perpetuated the narrative of being labeled as "bad" or "trouble kids," regardless of what we shared. This power dynamic left me feeling voiceless and without transparency.

**(III)** CONNECTIONS TO THE CHILD'S OR YOUTH'S COMMUNITY AND SUPPORTS, INCLUDING COMMUNICATION AND CONTACT WITH PEOPLE OUTSIDE THE FOSTER CARE SYSTEM WHO ARE IMPORTANT TO THE CHILD OR YOUTH, UNLESS OTHERWISE LIMITED BY LAW OR COURT ORDER;

Testimony: The provision emphasizing connections to the child's or youth's community and supports, including communication with people outside the foster care system, is crucial in maintaining the well-being and sense of identity for those in foster care. Unfortunately, my personal experience reveals a stark contrast to the intended rights outlined in this provision.

Throughout my time in foster care, I was consistently denied information about the placement and contact details of my brother. Despite the importance of maintaining connections with family members, this fundamental right was systematically withheld. The lack of transparency regarding my brother's whereabouts and the inability to communicate with him significantly impacted my sense of belonging and support.

This restriction not only hindered my ability to maintain crucial connections but also contributed to a sense of isolation. The importance of these relationships outside the foster care system cannot be overstated, and the denial of such connections deprived me of vital emotional and familial support.

(II) FREEDOM FROM UNREASONABLE SEARCHES OF PERSONAL BELONGINGS OR OTHER UNREASONABLE INVASIONS OF PRIVACY; AND (III) REASONABLE EXPECTATIONS OF PRIVACY TO MAKE AND RECEIVE TELEPHONE CALLS AND SEND AND RECEIVE TEXT MESSAGES, EMAIL, AND POSTAL MAIL;

Testimony: The provisions highlighting freedom from unreasonable searches and the right to reasonable expectations of privacy are essential components in safeguarding the dignity and personal space of children and youth in foster care. Unfortunately, my experiences underscore a significant gap in the realization of these rights.

Despite the outlined rights, our living environment often resembled a space under constant surveillance, with searches akin to those conducted in prisons for contraband becoming a regular occurrence (in foster care homes). This invasion of privacy reached a deeply personal level when a diary containing intimate details and private thoughts was exposed to the household and professionals within the child welfare system.

This incident left me feeling humiliated and violated, eroding my trust in the confidentiality of personal belongings. The fear of having my innermost thoughts exposed hindered me from using a diary as an outlet for self-expression in the future. The intrusion into my private space not only had a lasting impact on my ability to confide in written reflections but also fostered a sense of vulnerability and mistrust.

**(e)** EDUCATION, INCLUDING:

**(I)** RECEIPT OF A FREE AND APPROPRIATE EDUCATION, ACCESS TO TRANSPORTATION TO EDUCATIONAL INSTITUTIONS, AND AN OPPORTUNITY TO PARTICIPATE IN SPORTS AND EXTRACURRICULAR, CULTURAL, PERSONAL ENRICHMENT, AND SOCIAL ACTIVITIES CONSISTENT WITH THE CHILD'S OR YOUTH'S AGE AND DEVELOPMENTAL

LEVEL, INCLUDING ACCESS TO COMPUTER TECHNOLOGY AND THE INTERNET AS NECESSARY FOR THE CHILD'S OR YOUTH'S EDUCATION;

Testimony: The provision emphasizing the right to education, including access to extracurricular activities and transportation, is fundamental in fostering the holistic development of children and youth in foster care. Regrettably, my experiences highlight significant barriers to realizing these educational rights.

Despite the stipulation, I was consistently denied the opportunity to participate in extracurricular activities. The lack of access was compounded by the absence of transportation support from the child welfare system. In this challenging situation, the support of my friends and their parents became indispensable, as they stepped in to provide rides and assistance.

The child welfare workers' response, stating that "this is the way it is," was disheartening and left me feeling unsupported in my pursuit of a well-rounded education. The denial of access to extracurricular and cultural activities deprived me of valuable opportunities for personal growth and enrichment.

Additionally, the absence of access to a computer and necessary technology during the period of 2009-2012 posed significant challenges to fulfilling educational requirements, especially in advanced placement and college preparatory classes. Despite being expected to write papers in APA/MLA format, the lack of a computer at home compelled me to find alternative solutions.

To complete assignments, I utilized the resources available in school and public libraries, often staying late until closing hours. In addition, I adapted by using an iPod Touch and its ‘notes app’ to draft papers, sending them to my email, and then formatting them appropriately in APA/MLA style. This workaround allowed me to meet academic expectations and avoid potential consequences such as failing a class or losing points on assignments.

This experience underscores the critical importance of internet access and technology in contemporary education. In today's fast-paced world, these tools are not only essential for academic success but also for preparing individuals for the challenges of an increasingly digital society. Advocating for equitable access to technology is vital to ensuring that every child and youth in foster care has the resources needed to thrive academically and professionally.

**(III)** FREEDOM FROM THE ADMINISTRATION OF PRESCRIPTION MEDICATION OR OTHER CHEMICAL SUBSTANCES, UNLESS AUTHORIZED BY A PHYSICIAN OR, WHEN NECESSARY, COURT ORDER, AFTER AN INDIVIDUALIZED ASSESSMENT OF THE CHILD OR YOUTH AND WITH THE CHILD'S OR YOUTH'S CONSENT, CONSISTENT WITH COLORADO STATE LAW;

Testimony: I strongly believe in the principle that individuals should have autonomy over their own bodies. Unfortunately, my experiences in foster care highlighted a concerning lack of control and informed consent regarding the administration of prescription medication or other chemical substances.

In our household, every girl was placed on birth control as a rule, a decision made by our foster parent without our individual consent or consideration of our opinions. This practice was implemented routinely, with our foster parent informing doctors that it was necessary for all of us. Consequently, we were subjected to receiving the depo shot or other contraceptives without our knowledge or understanding of the implications.

This lack of autonomy over our own bodies was particularly distressing, especially for those who were not sexually active at the time. The absence of a thoughtful and individualized assessment, coupled with the imposition of medical decisions without our consent, raises significant ethical concerns.

**(h)** PARTICIPATION IN LEGAL PROCEEDINGS AND CASE PLANNING, INCLUDING:

Testimony: My experiences in foster care revealed a significant lack of information and support regarding my right to participate in legal proceedings and case planning. I was never informed of hearing dates or given the opportunity to express my opinions on decisions that directly impacted my life.

Upon discovering that I had a hearing and expressing a desire to advocate for myself, I faced numerous obstacles. Despite my excitement to attend court and be involved in my case, I had to provide my own transportation. This involved waking up early, taking three buses, and spending 1.5 hours commuting to court, all while facing resistance from my foster parent.

Attending court meant missing school, and my foster parent made it clear that I was responsible for explaining my absence to teachers. The threat of not calling the school to excuse me added an additional layer of stress and embarrassment. The situation reinforced a sense of being misunderstood and judged, further isolating me from the support I needed.

It became evident that I lacked awareness of my right to participate in legal proceedings and case planning. The experience underscored the need for comprehensive education and support mechanisms to ensure that every child and youth in foster care is empowered to engage in decisions that impact their lives without fear of repercussions. Advocating for these rights is crucial to fostering a system that truly values the voices and agency of those within it.

**CALL TO ACTION:**

I feel inclined to speak my truth, to give this testimony about how I needed the foster care system to help me in these compacities but did not.

I feel inclined to say that if this bill was amended a long time ago, this could have improved my outcome and would have been helpful in my upbringing.

This bill aims to illuminate the reality that the circumstances faced by children and youth in foster care are often beyond their control. It advocates for a system that recognizes and accommodates the unique needs and rights of every individual in foster care. Let us work towards creating an environment where cultural heritage is celebrated rather than suppressed, and where the rights to freedom of thought and conscience are genuinely honored.

In our collective pursuit of enacting and upholding these rights, we strive to create a foster care system that values open communication and prioritizes the well-being and dignity of every child and youth. It is our shared responsibility to bridge the gap between policy and practice, ensuring that each individual receives the appropriate placement, care, and support entitled to them under the law.

As we advocate for the rights of children and youth in foster care, it is imperative to address and rectify instances of abuse, neglect, and exploitation, fostering a system that upholds principles of dignity, respect, and freedom from harm. We aim to eliminate instances of confinement and isolation, creating an environment where every child and youth is afforded the right to a safe and nurturing setting.

Additionally, our collective advocacy includes the implementation of comprehensive training programs for foster parents, empowering them to exceed federal standards and ensuring the positive development of every child and youth under their care.

To further support the rights of those in foster care, we must prioritize measures that ensure privacy, dignity, and the ability to communicate freely and confidentially with professionals and supports. It is crucial to address instances where connections are unjustly limited and work towards a system that actively supports communication and contact with significant individuals outside the system.

Moreover, the bill underscores the importance of protecting privacy, respecting the personal privacy of every child and youth in foster care. We must address and rectify barriers to education, ensuring equal access to enriching experiences like extracurricular activities. Prioritizing individual agency and informed consent regarding medical decisions is crucial, aligning with Colorado state law and respecting the autonomy of each child and youth.

Therefore, we urge the general assembly to declare enhanced protection for the children and youth that the state has a responsibility for. Let us work collaboratively to bridge these gaps, ensuring that the rights of every child and youth in foster care are not merely protections on paper but tangible, enforceable rights that empower and uplift those who need it the most.

Thank you for your attention and commitment to the well-being of our most vulnerable foster child(ren) and youth.