



OPPOSE House Bill 23-1003 Kristin Dallison to: committees.lcs.ga,
barbara.mclachlan.house, cleave.simpson.senate 04/12/2023 06:45 PM

Dear Representatives and Committee members

This is my written testimony. I am writing to express my strong opposition to House Bill 23-1003, which as written, is a serious violation of parental rights in our state, Colorado. This proposed legislation seeks to grant the government unprecedented powers to intervene and control the upbringing of our children.

FAMILY FIRST, NOT THE STATE!

This bill creates a 6th through 12th grade mental health screening program, administered by the department of public health and environment. There is an option to opt your child out of participating in the mental health screening, however a student 12 years of age or older can consent to participate in the mental health screening *** even if the student's parent opts out.*** Parents would then only be notified under certain circumstances. There are current court cases in Maine and California because of this same kind of action taken by schools that thought it was their place to tell a child what gender they were and transitioning them behind their parents backs! Parents have the right to be informed on what is going on with their OWN children. This is absolutely unacceptable. If a parent wants to opt out, it should END at that!

As a parent, I am deeply concerned about the implications of this bill. The right to raise and educate our children as we see fit is a fundamental right that is enshrined in our Constitution. It is a responsibility that I take very seriously and one that I am not willing to entrust to the government.

The language of House Bill 23-1003 is overly broad and gives the government the ability to override parental decisions related to education, healthcare, and even religion. This is not only a violation of our rights, but it also undermines the trust between parents, the state, and the school district when it comes to the well-being of our children.

I urge you to oppose this bill and to protect the rights of parents to make decisions on their own for the good of their children. Please know that as a constituent, I will be closely monitoring your actions on this matter and will take appropriate steps to ensure that my voice is heard.

Thank you for your attention to this important issue and for representing the interests of your constituents.

I'm not an extremist, I'm just a mom who refuses to co-parent with the government.

Sincerely,

Kristin Dallison
970-769-2150
Bayfield Colorado 81122
Sent from my iPhone



April 2023

To: Senate Health & Human Services Committee
Re: Letter in support of HB23-1003-- School Mental Health Assessment

Dear Committee Members,

The American Association of University Women (AAUW) is one of the oldest women's organizations in the country, empowering women since 1881. The mission of AAUW is to advance equity for women and girls through research, education and advocacy.

AAUW supports a strong system of public education that promotes gender fairness, equity, diversity and inclusivity, and to address the barriers and implicit biases that hinder the advancement of women and girls.

HB-1003 will bring much needed mental health services to students in grades 6 through 12. This is an age where our young people are undergoing the transition from child to adult, a period of time that is fraught with challenges. We have all read the news stories about the adverse effects of social media, not to mention the mental health toll from the pandemic. With so many of our youth in crisis, HB-1003 is needed now.

AAUW of Colorado strongly supports this bill and requests your AYE vote in committee and throughout the process of becoming a law.

Respectfully submitted,

A handwritten signature in blue ink that reads "Su Ryden". The signature is written in a cursive style and is enclosed in a light blue rectangular border.

Su Ryden
AAUW of Colorado Public Policy Co-Director

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Aurora, CO 80017
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American Association of University Women--AAUW is a top-rated 501(c)3 charitable organization whose mission is to advance gender equity for women and girls through research, education, and advocacy.

Rhonda Fields, Chair
Joann Ginal, Vice Chair
Senate Committee on Health & Human Services

Thursday, April 13, 2023

Support for HB 23-1003: School Mental Health Assessment

We are writing on behalf of Boulder County and Boulder County Public Health to express our support for HB 23-1003: School Mental Health Assessment. The evidence is overwhelmingly clear that Colorado is in the midst a youth mental health crisis. According to our 2021 Healthy Kids Colorado Survey data in Boulder County, 38.3% of high school students reported a major depressive episode and 17.3% seriously considered attempting suicide during the 12 months prior to the survey.¹ Given these alarming statistics, systemic action is needed to support early identification of young people's mental health needs and avoid delays in care.

Adolescence is a crucial period of healthy development, and it confers vulnerability to mental health challenges.² For the last ten years, mental health has also been a priority issue for our young community members in Boulder County. Through our implementation of mental health promotion, prevention, and intervention programs, we have seen firsthand how connections with trusted adults, social support, and – notably, for this bill – screening and referral to mental health services improves the mental health and wellbeing of young people.

Given the amount of time that young people spend in school and the relationships they build with trusted adults in the building, schools are an ideal environment for mental health screenings, and importantly, we appreciate that this bill offers school districts choice in whether this program will be the right fit for their community. Our community has consistently expressed the need for early screening and access to mental health supports for youth to prevent crisis. The referral option to I Matter following a screening greatly streamlines the opportunity for youth to get the support they need. Additionally, providing a universal screening model in schools further advances equity by identifying early needs that might present as behavioral issues, which could reduce discipline that disproportionately impacts students of color.

In closing, Boulder County and Boulder County Public Health are committed to helping improve the mental health and wellbeing of young people. We know that half of all lifetime cases of mental illness or substance use begin by age 14,³ and the passage of HB 23-1003 would increase the ability of schools in Colorado to identify such issues early on and thereby improve health outcomes. Thank you to the sponsors for introducing HB 23-1003, and if you have any questions regarding our support for this bill, please do not hesitate to contact me.

Sincerely,

Marcy Campbell
Behavioral Health System Project Manager
Boulder County Community Services

Dave LaRocca
Mental and Behavioral Health Coordinator
Boulder County Public Health

References

1. Colorado Department of Public Health & Environment. Healthy Kids Colorado Survey dashboard. Published 2023. Accessed April 10, 2023. <https://cdphe.colorado.gov/healthy-kids-colorado-survey-dashboard>
2. Blakemore SJ. Adolescence and mental health. *The Lancet*. 2019;393(10185):2030-2031. doi:10.1016/S0140-6736(19)31013-X
3. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(6):593. doi:10.1001/archpsyc.62.6.593

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2. Blakemore SJ. Adolescence and mental health. *The Lancet*. 2019;393(10185):2030-2031. doi:10.1016/S0140-6736(19)31013-X
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April 9, 2023

Chairperson Rhonda Fields
200 E. Colfax
Denver, CO 80203

Dear Chairperson Fields and Members of the Committee,

I am providing this letter of support on behalf of Active Minds, a leading non-profit organization dedicated to mobilizing young adults to change the culture around mental health. Through our presence in more than 1,000 high schools, colleges, and communities, and with a wide-reaching public audience, we are creating communities of support and saving lives. We are proud to have established a strong presence in Colorado with eight Active Minds chapters across the state, where we work closely with students, educators, and communities. We are expressing our strong support for HB23-1003, which seeks to provide mental health screenings for children in schools across the state of Colorado.

Active Minds has been working tirelessly in Colorado and across the nation to address the growing youth mental health crisis. Through our proven peer-to-peer approach to mental health, we mobilize, train, and mentor students in our network so that they are empowered as the next generation of leaders advocating for tools and resources to support their mental health.

In recent years, research has shown that mental health challenges among children are on the rise. According to the National Institute of Mental Health, nearly one in five children in the United States has a mental health disorder. Furthermore, the Centers for Disease Control and Prevention (CDC) reports that suicide is the second leading cause of death among individuals aged 10-34. According to the Healthy Kids Colorado Survey, since 2017, 17.1% of high school youth have seriously considered suicide and in 2021, 39.6% have experienced feelings of depression in the past year, a number that has slowly been increasing since 2017. These alarming statistics underscore the urgency of addressing the mental health crisis among children, and HB23-1003 offers a timely solution.

HB23-1003 is a crucial step in providing mental health screenings to schools that have demonstrated a need, ensuring that the most vulnerable students have access to the support they need. We know that not every school across Colorado has a school-based health center or mental health care professionals onsite. This bill will enable schools that meet one of the following criteria to qualify for screenings:

1. Lack a school-based center
2. Have fewer than the recommended number of school psychologists
3. Have a high risk of student suicide

By targeting schools with these specific needs, we can allocate resources more efficiently and make a meaningful difference in the lives of students who might otherwise be overlooked.

Active Minds and our eight Colorado chapters strongly support HB23-1003 as an essential measure to address the growing mental health crisis among children in Colorado. We believe that mental

health screenings in schools are a vital tool in identifying and addressing the needs of students, ultimately saving lives and fostering a more supportive and inclusive school environment. We urge the committee to pass this bill and help pave the way for a healthier future for Colorado's youth.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Lauren Cikara". The signature is fluid and cursive, with the first name "Lauren" being more prominent than the last name "Cikara".

Lauren Cikara
VP, School Mental Health
Active Minds

My name is Kevin Frickel and I live in Aurora, Colorado. I am the father of a beautiful, bright and thoughtful 14-year-old daughter, and I support HB 23-1003 and would ask the Committee to support it as well.

I've lived my whole life in Colorado, and I went to Lakewood High School in Jefferson County, so when the Columbine massacre happened it affected me deeply. I had been in that school. I had friends that had played soccer and competed in speech and debate, that went to that school. I remember watching the news at my work, stunned and horrified. Twenty-four years later, I am still horrified, but I am no longer stunned.

School shootings are no longer shocking because they have become part of the American routine. My daughter, and all of her classmates, have had active-shooter drills for their entire school careers. I have asked her about these drills, but she has never said much about them, and because I (as a parent) don't want to stress her out any more than she already is, I change the subject. It's not that I don't want to talk about the idea of violence, or school-shootings, or active-shooter drills. It's that I realize that, even with all of my compassion and concern for my daughter, I might not be the best person to talk to her about certain things. Not because I am failing as a parent, or because I am being soft on her and not dragging things out of her, but because sometimes you just need to be able to talk to someone else.

When I was my daughter's age, the thing I feared most, the thing that I was told both at home and at school that should be my primary concern, was that the United States would get into a nuclear war with Russia. Just the *idea* of that is so abstract it's laugh-out-loud funny now. There is nothing abstract about the threats facing our kids today, and it's not a threat from learning about different cultures or that there are people who love people of the same sex, it's about the fear that someone will come into their school, their safe space, and kill them. It is a fear that is real, it's palpable, and I cannot imagine what it must be like to be inside the mind of a child in America right now.

I, for one know, as a caring and loving parent, that I do not have all of the answers for my daughter. I also know that we demand too much from our teachers already, and so the idea that a resource could be made available to our children to assess their mental health seems like a no-brainer to me. HB 23-1003 is that resource, and we need it now.

So, who opposes this bill? The answer seems to be people that like to use the words "freedom" and "choice" a lot. I like freedom. I like choice. I also like the idea that if my daughter doesn't feel comfortable with telling me something, that she can CHOOSE to empower herself to participate in a mental health screening, even if I opt out. I like the idea that if my daughter has a mental health issue, that I will have an asset in my corner, as a parent, to protect her, her classmates, and her teachers.

The opponents of this bill like to frame their argument in terms of an "erosion" of their rights as parents, but what they are really saying is that the mental health of their child is *their property*, and that the child should not be trusted to make a decision on their own. These same people, of course, have no objections to whether their child will make the correct decision during an active-shooter drill. They would tell you that if their child was contemplating suicide, they would know about it, and they would have the necessary conversations with their child to get them the help they need. While that sounds great, and noble, it is, sadly, just a theory.

These people do not come armed with facts, they come with anger. They do not have a statistic to counter the fact that 1 in 6 adolescents in Colorado have reported a major depressive episode in the past year. They do not have an alternative to this bill. They have tried nothing, and they are all out of ideas. They yell a lot about the government, they talk about woke-ness (whatever that means) but when it comes to solutions they have nothing to offer as an alternative.

They like the words “choice” and “freedom”, so let them opt out. Pass this bill, so that my daughter and her friends, and her teachers, and the parents who know that they may not have all of the answers, can OPT-IN. There is no law against putting your head in the sand, so let them have that freedom and the rest of us will get some sleep knowing that we have given a resource to the people of Colorado to deal with the mental health of our children.

Dear Senators,

As a parent and an educator, I beg of you to please oppose HB23-1003 because it is harmful to children and violates parental rights. The prime sponsors, Sen. Cutter and Rep. Michaelson Jenet do not have degrees in mental health. They have been misled to believe that a twelve year is capable of making adult decisions, and that the state knows what's best for your child. They believe that this bill will save them from suicide and that the root causes of adolescent suicide are due to gender dysphoria, substance abuse and possibly parents.

These beliefs are evidenced by the past bills sponsored by Rep. Michaelson Jenet and her own words. In the April 5 issue of the Longmont Leader, she said, "*They believe that this bill is giving kids 12 and older consent to have therapy — they already have that, that's already the law.*" But what she does not say is she was the prime sponsor of HB19-1120 the Youth Mental Health Education And Suicide Prevention bill, that created that law (Colo. Rev. Stat. § 12-245-203.5). This law lowered the age of consent from 15 to 12 years for mental health issues and substance abuse. It contained a Safety Clause that is used to weaponize legislation against the power of referendum.

Rep. Michaelson Jenet also sponsored legislation to prohibit physicians and mental health care providers from using conversion therapy on minors HB19-1129. With threat of penalty a therapist in Colorado can only affirm transgender and homosexual tendencies in minors. One sided therapy is not therapy. **These laws did not reduce adolescent suicide, and neither will HB23-1003.**

Rep. Michaelson Jenet said, "*I'm always trying to get in front of the crisis, and we know that by giving kids access to universal screening, we're going to find them before they're in crisis*" There is no evidence that giving kids access to universal screening will prevent a mental health crisis. She also stated that "*..the bill is not about circumventing parents, it's about giving youth agency.*" According the University of Rochester Medical Center the behavior of a 12year-old is erratic and inconsistent. One moment they are happy, the next, weeping. In one instant they are affectionate and loving, the next, they resent their parents. Any survey question like those on IMatter would automatically place them in a mental health risk category. The connections between the emotional part of the brain and the decision-making center are still developing and therefore teenagers will often use poor judgement. In fact, the rational part of a teen's brain isn't fully developed and won't be until age 25 or so. Adult guidance is an essential part for a teenager to be successful. Access to this guidance is the responsibility of the parents and not the state.

This bill circumvents parents who also have the right to "*get in front of the crisis.*" They have the right to ask the appropriate questions about the screening such as, who is administering it, what are their qualifications, do the results become a record with the state, will it label my child as disabled, who will have access to the results, what about their right to privacy? Questions that a 12- year-old would not know to ask. If the parents are unsatisfied with the answers, they should have the right to opt their child out.

HB23-1003 is a mental health trap for adolescents that uses the schools, where our children spend most of their time, to facilitate the screenings. It uses the law (Colo. Rev. Stat. § 12-245-203.5) to circumvent the parent's involvement in the mental health screening that will be administered by a state appointed official. A child under 18 cannot go on a school field trip without parental

permission. Yet this bill automatically opts them in for a mental health screening that violates parental rights. Only in the event that the screening revealed a mental health problem, will the parents be notified. They will be referred to “IMatter” a youth mental health website that also screens. No matter what your score, you will be told that you are at risk for emotional or behavioral difficulties. I know this because I took the survey. Next you will be referred to a list of therapists who can only provide transgender affirming care. On February 7, at the House committee hearing, Rep. Michaelson Jenet boasted IMatter as its founder.

It is apparent that the intention of this bill is for the benefit of misinformed sponsors who have an agenda that is not for the wellbeing of our children. It is clear that these laws and bills are designed to separate children from their parents. This not only violates parental rights, it is a threat to our democracy. It will not prevent or decrease adolescent suicide. Recent studies reveal that individuals who go through transgender therapy have a higher prevalence for suicide and suicidal thoughts compared to their cisgender peers. Oppose this devastating horrible bill and do not allow the state to interfere with our children’s wellbeing.

Diana Bara
1306 Carnation Circle,
Longmont, CO 80503
720-394-1426
HD11, SD17

Good evening, Madam chair and members of the committee,

My name is Natalie Perez. I am an organizer at Stand for Children. I am here today to ask you to vote yes on house bill house bill 23 1003.

I think giving our children mental health assessments especially during this time is vital.

I was 15 years old when my life felt like it suddenly changed. It came slowly, I didn't even know what hit me. I was sitting at home one day when I felt the whole world started to close in on me and I couldn't breathe. It was scary and, at that moment, I felt like I was going to die. I didn't tell anyone. I felt alone and scared. Slowly I started sinking in, it was summertime. It was the worst summer of my life, and it changed me forever. I had sudden bouts of running out of my house and crying because it was too much for me to handle, I would wake up screaming because not even in my sleep did, I feel okay. I had no idea what was going on. When I finally told my mom I got in trouble, she told me I did something bad, and I was going through this because my conscience couldn't handle it. I felt so much shame and kept trying to figure out why I was the unluckiest girl in the world, why everyone looked so happy and what I did to feel this way. Life felt so pointless and that's when I first knew what it felt to want to die. I thought of so many ways to end my life. I became anorexic and lost so much weight. I had a brother who was schizophrenic, and my mom would cry thinking I was too.

Instead of finding me mental health support, my mom's solution was to take me to church. I needed more support and intentional tools to help. And -years later I continued to struggle - Sleepless nights came back, I stopped eating, and my depression was 10 times worse. I couldn't even force myself to smile and for a long time I didn't even want to talk. I was a mother now and an adult, so I got professional help.

When I was going through it, I remember thinking I wished no one would ever feel this way, and then my son had an anxiety attack. And I did everything I could to get him the resources, so he didn't have to feel alone or go through anything I did. But how many children feel alone? How many kids feel like their parents have too much going on to even have time to talk about feelings. Or how many parents are out there not having any idea what a depressed child looks like. I want to say I am lucky to have such an open relationship with my son that he felt comfortable enough to confide in me but the truth is I work on that relationship every day – however if at any point he felt like he couldn't tell me something I'd hope there was someone he could tell because I'd never wish for him to go through what I went through alone. This bill gives kids a chance when they feel like they don't have one.

This bill will identify those red flags before it's too late.

Please vote yes.

Thank you.

Please support HB23-1003 School Mental Health Assessment

By: Amelia Federico, Young Invincibles Policy Fellow

Hello, and good afternoon members of the committee thank you for letting me speak before you today. My name is Amelia Federico I was born and raised in Denver, I attend MSU Denver and I am a policy fellow with young invincibles. I am excited to talk to you today about HB23-1003.

This is a necessary bill that would create a mental health assessment for students in k-12 public education. I was once a student in k-12 education here in Denver. I remember taking mental health screeners at the beginning of the year but never after that. Even when I noted that I needed help on the screener I, unfortunately, did not experience any follow-up. This made me feel sad, and anxious and did not make me feel seen as a student but rather just pushed under the rug in terms of my mental health. I believe that mental health screenings are an excellent first step at working to improve mental health in Colorado. This bill adds to that by reporting student data to school administrators so they can track students' emotions throughout the year, and so that school administrators are aware of student mental health.

I believe these mental health screeners and data transparency give schools the opportunity to take the first step at discussing student mental health. I believe this bill is very needed and important because I used to be one of those students taking the assessments and never hearing follow up. Thank you to the sponsors for bringing this bill forward. Today I ask you to please vote yes on HB23-1003 School Mental Health Assessment, to give young people the chance to address their mental health early, and with support.

Thank you Madam Chair and committee members for having me.

My name is Lorelei Jackson and I am the Student Services Coordinator of a charter middle school in Denver Public Schools. As a special educator, I serve exceptional learners with a range of diversity from English Language Learners, students with disabilities and those who need extra support.

I am here in support of HB23-1003.

This school year I have seen an increase in students facing challenges. Students have shown gaps in academic achievement, but they are also being referred for special services and mental health support at an alarming rate. This year, one of my coworkers referred a young lady to me for support due to her struggles in math.

At my first check in, the student was pleasant and recognized that she was not doing well in math. We reviewed her grades; She was failing 4 of her 6 classes! We began to develop a plan for success. A week later I checked in with her again. She was happy. She had completed most of the assignments and was well on her way to improving many of her grades. I could see she was working hard and was beginning to have more faith in her academic ability.

I could not find her during our final check-in, however. When I found her, she was laying out-stretched on the bathroom floor, sobbing. I was unable to console her and called for the school social worker. Grades had come out and she still had one F. She later shared how much of a failure she believed she was. She called herself worthless and dumb. I expressed how proud and impressed I was with her effort, but she was unable to hear it. All she focused on was the failing grade. Although upset, she left for winter break with a smile.

Not a week after we returned to school, I was approached by a group of middle school students who feared for the student. Although smiling, when we began to talk about the concern, she broke down. She shared that for over a year she had been hurting herself and had serious thoughts of dying. Based on the extreme nature, I again had to seek out my school social worker, and we spent the following 2 hours completing a safety protocol for the student.

While teachers are given some training on spotting mental health issues, we have been conditioned to respond to students when they are struggling academically. Screeners, as they are referred to in this bill, can be another resource to waive a "red flag" for struggling students. This bill would not only provide universal screening to help identify students who are struggling, but through the Imatter program would provide the therapeutic interventions that many children need, but are not receiving.

By voting in support of this bill, you will be providing support for the students who go unseen. Universal screening would have provided tangible data for the young lady in 6th grade. For my struggling math student we would have been able to develop a plan earlier, before she began to take action against herself, before she developed the intense feelings of doubt and lack of self worth, before she began to harm herself and wished herself dead. This support could help save the lives of students like my 6th grader. This bill could be the difference that our students need to feel seen, heard, and worthy.

Thank you for your time. I am happy to answer any questions you might have.

HB23-1003 Testimony

Thank you Madam Chair and committee members for having me.

My name is Lisa Maria-Asti Wennerth and I am a high school English Language Arts teacher in Weld County. As a teacher, I serve all learners with a variety of ascribed labels, all of whom are welcome, celebrated, and challenged to succeed in my classroom.

I am here in support of HB23-1003.

I have been teaching for sixteen years. In the past few years, I have observed my students become increasingly agitated, depressed, disengaged, and seemingly alienated. Our kids are not OK. There are undeniable conditions that we must address to help our young people believe in and find a better world, but until those conditions are in place, we must do what we can to identify those unseen students who need our support now.

In 2016, my school community lost seven young lives from illness, car accidents, and suicide.

One of these seven students graduated in May, 2015. In July, he moved to Oregon. In September, he sent me a postcard detailing the writers and poets he would be traveling to see on the West coast. A few days before Thanksgiving break, he came to visit me at school; he told me he was going to pursue a degree to become an English teacher. After Thanksgiving, he went back to Oregon for a month. In December, he returned again to celebrate Christmas with his family. He visited me once more. It was during this visit when he told me "thank you." He told me "you have helped me so much, not just as a writer, but as a human being." He gave me a pottery cup "for your morning coffee" he said. In his thank you letter, he attached a playlist of his new favorite songs. He seemed happy. He seemed OK. He said that he was going to stay around for a little while. Spend time with his parents and two younger brothers.

A month and a half later, on February 2nd, 2016, my principal called. She said "I'm so sorry. There's been a tragedy. Sebastian disappeared last night and was found in the early morning hours. He drove to the foothills, on his own, with a shotgun. He was confirmed dead on site. There was a note. I'm so sorry."

To this day, I wonder what I missed. Should I have known? But how could I have known? Everything seemed OK. Year after year, I have attended mandatory training on how to recognize, support, and report any concerns we have for or about our students, but at the end of the day, we are not experts. While we aim to support every child in our classroom and beyond, we simply cannot do this work alone.

Mental health screeners, defined in this bill, are vetted tools that can help us recognize struggling students that may otherwise be off our radar. Students who are identified via these screeners as struggling can then take advantage of free mental health sessions through Colorado's IMatter program.

By voting in support of this bill, you will be providing support for students alongside teachers, coaches, staff, and parents who may not be able to see the level at which a child is struggling. I cannot say for certain that a universal screener followed by therapeutic support would have saved Sebastian's life. But I do know that no one saw his death coming. Screeners may not save every life, but they have the

HB23-1003 Testimony

potential to save many, the more we invest in ways to help our students today, perhaps the better and safer they will feel tomorrow.

Thank you for your time. I am happy to answer any questions you might have.

Madame Chair, and esteemed members of the committee,

My name is Deb Mahan and I am a neuropsychologist by training and background, currently work with The Anschutz Foundation and Gazette Charities Foundation and am a representative of the Colorado Mental Health Consortium, a state-wide body of mental health professionals, community leaders, and members of the philanthropic community, advocating for better access to mental health and behavioral health services in our state. I am writing today to testify on behalf/in support of HB23-1003 – School Mental Health Assessment.

In the past few years, we have become far too aware of the mental health crisis we face in our state, particularly with our youth and children, with suicide being the #1 cause of death among those over 10 years of age. We have to do something to provide better access to care and services for our children and youth and support them in greater resiliency, prevention programs and earlier intervention.

I am a single mother, who raised my son alone after our immediate family suffered two deaths by suicide. His brother and father both took their own lives within three years of each other before my youngest son was nine years old. My son does not have a mental health diagnosis, but he suffered from anxiety in his teen years, brought on by the two severe traumas he experienced at such a young age. He was a high achieving scholar and athlete, and no one knew how much he suffered in silence. It was the attention of a caring teacher that provided the early intervention he needed.

My son is now a 22-year-old athlete/scholar in college. He is strong and successful with a joyful and positive mindset and great resilience. He was fortunate enough to find and create the right supports to enhance his self-agency and growth. That is not always the case. With these school screenings, a larger percentage of our students will have access to resources early on, when they are struggling.

HB23-1003 allows for us to learn earlier that a student is suffering from something affecting their mental health and well-being, and be able to provide more services, sooner. Thereby providing many avenues of support, including early intervention and resiliency programs. Given the mental health struggles our youth are facing, we need to do everything we can to make sure not one student falls through the cracks; isn't seen/heard.

I am grateful to Sen. Cutter and Rep. Michaelson Jenet for bringing this important legislation forward.

As a concerned member of the mental health consortium, former mental health professional, and mother, I urge you to support/approval of HB23-1003 Thank you for your time.

Sincerely,
Deb Mahan

Senate Health & Human Services
 04/13/2023 01:30 PM
 HB23-1003 School Mental Health Assessment
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Diana Bara Against herself</p>	<p>I oppose HB23-1003 because it is harmful to children and violates parental rights. Neither of the prime sponsors, Sen. Cutter or Rep. Michaelson, have degrees in mental health and should not be writing mental health legislation. They have been misled to believe that the root causes of a child’s mental health problems are due to gender dysphoria or substance abuse that lead to suicide. The sponsors have also been misled to believe that the state knows what’s best for your child, not parents, and that this bill will save children from suicide. These beliefs are also evidenced by the past bills Michaelson sponsored. In 2019 she sponsored HB19-1120 that lowered the age of consent to 12 for mental health issues and substance abuse removing parental involvement. That same year she introduced legislation to prohibit physicians and mental health care providers from using conversion therapy on minors HB19-1129. With threat of penalty a therapist in Colorado can only affirm transgender and homosexual tendencies in minors. These bills, now law, did not reduce adolescent suicide.</p> <p>HB23-1003 is a mental health trap for adolescents that uses the schools to facilitate the screening. The screener is selected by DPHE putting your child’s mental wellbeing into the hands of the state. It specifies that a student age 12 or older may consent to participate even if their parent opts out. A child under 18 cannot go on a school field trip without parental permission. Yet this bill automatically opts them in for a mental health screening that violates parental rights. In the event that the screening revealed a mental health problem the parents will be notified and referred to IMatter a youth mental health website that screens youth by survey. No matter what your score, you will be told that you are at risk for emotional or behavioral difficulties. I know this because I took the survey. Next you will be referred to a list of therapists who can only provide transgender affirming care. On February 7, at the House committee hearing, Michaelson boasted IMatter as its founder.</p> <p>It is apparent that the intention of this bill is for the benefit of misinformed sponsors who have an agenda and not for the wellbeing of children. It will not prevent or decrease adolescent suicide. Recent studies reveal that individuals who go through transgender therapy have a higher prevalence for suicide and suicidal thoughts compared to their cisgender peers.</p>

Position Statement Supporting HB23-1003:
School Mental Health Assessment

April 5, 2023

Disability Law Colorado (DLC) is a 501(c)(3) non-profit organization established to protect and promote the rights of individuals with disabilities. It serves as the federally mandated and state-designated Protection and Advocacy System (P&A) for people with disabilities as authorized by the Developmental Disabilities Assistance and Bill of Rights Act of 2000, the Protection and Advocacy for Individuals with Mental Illness Act, and the Protection and Advocacy for Individuals Rights section of the Rehabilitation Act.

DLC would first like to thank Representative Michelson Jenet for considering and including our feedback on this bill. We appreciate that this bill recognizes the legal disciplinary protections for students with disabilities in schools under federal and state law. We also appreciate that parents will be provided with information about the rights of students with disabilities under these laws if a student is determined to potentially have a mental health diagnosis. We know that students are often unidentified or under-identified despite child find requirements and believe this is an additional way to ensure students are identified and afforded important legal protections and necessary services.

Particularly after COVID, we have seen detrimental staff shortages at schools. This has resulted in students not receiving the mental health services to which they are entitled based on their Individualized Education Programs or Section 504 plans, sometimes resulting in increased behaviors, school removal, suspension, expulsion, restraint, seclusion, police involvement, and sometimes even criminal charges. While this is a violation of federal and state law, the remedy is compensatory services that are supposed to put the student back in the place they would have been if they had received the services, but that is nearly impossible to do because of the irreparable harm and trauma some students experience. Furthermore, these students are then more likely to end up in correctional settings where they continue to receive little to no mental health services and increased incidents resulting in trauma. Getting in front of this issue by ensuring students are identified sooner rather than later and actually provided the necessary supports and services is an important step towards improving the lives of students with mental health diagnoses in both the short and long run.

For these reasons, we support HB23-1003.

Emily Harvey, Esq.
Attorney Team Leader
Disability Law Colorado
eharvey@disabilitylawco.org
(303) 722-0300

HB23-1003**Bobby Weisgerber** to Jerard.Brown

03/30/2023 04:51 AM

History:

This message has been forwarded.

Hello,

I am emailing to ask you to reject the School Mental Health Assessment Bill HB23-1003. It is not the schools place to take over the duties of the parents in determining whether their children need a mental health assessment. It is also very inappropriate to go against the parents wishes and allow their children 12 years and older to go behind the parents backs to have a mental health assessment.

The purpose of schools is to educate children in reading, writing, and math. It is not the school's place to take over the job of parents!

The parents are not barriers to their children receiving appropriate mental health care! It is the public schools who are messing up the students mental health with all the social, emotional learning going on. Why is it that the U.S. has dropped significantly in education compared to the rest of the world?? With the amount of money that is dumped into education in this country this should not be the case! We should be at the top. Instead we are lagging behind! The education department has gotten to big for its britches! They need to stop indoctrinating the children against their parents and teach them how to read, write, do math, and science.

Please do not pass this bill.

Thank you,

Roberta Weisgerber

Sent from my iPhone

Written Testimony in Support of HB23-1003 – School Mental Health Assessment

Senate Health & Human Services Committee – April 13, 2023

Leslie Colwell

- Madam Chair and members of the committee, my name is Leslie Colwell and I am the Vice President of Youth Success Initiatives at the Colorado Children's Campaign.
- We are a non-profit, non-partisan, policy and advocacy organization, committed to advocating for better supports for our state's youth and adolescents.
- Thank you for the opportunity to submit comments in support of House Bill 1003 and thank you Senator Cutter for your leadership.
- You all are well familiar with the data pointing to troubling trends in child and youth mental health in our state. The percent of Colorado adolescents reporting poor mental health doubled between 2017 and 2021. Emergency room visits for youth mental health crises have been on the rise, and even more concerning, the number of Colorado kids and youth who died by suicide more than doubled between 2010 and 2020.
- As kids navigate the academic, social and emotional experiences that come with growing up, ensuring that all children and youth have access to the behavioral health supports and services they need is more critical than ever.
- But without universal screening, there may be no way to know that some of our students are quietly struggling and need help.
- According to the 2021 Smart Source survey, Colorado's inventory of school health best practices, only 38% of elementary schools and 35% of secondary schools conduct a universal behavioral health screening.
- House Bill 1003 provides a way for schools to assess student mental health needs and ensure those needs are met with available resources such as the I Matter Program, which as you heard has provided free therapy to almost 6,000 students since its creation in 2021.
- This access to therapy piece is crucial. School psychologist data posted for the current school year show that 124 of 178 districts have no licensed psychologist. Of those districts that do have one, only four have student to psychologist ratios that are below the recommended level of 500 students to one psychologist.
- We see so many benefits to schools opting into this program besides students getting the support they need to thrive. Making parents aware that these screenings are taking place has the potential to spur important conversations about mental health between students and parents. And further destigmatizing therapy and placing more attention on early intervention may prevent identified challenges from getting worse.
- We urge a yes vote on House Bill 1003. Thank you.



April 5, 2023

Madam Chair and Members of the Senate Health and Human Services Committee,

The Kempe Foundation supports HB23-1003, School Mental Health Assessment, as an effective way to increase access to mental health services for vulnerable youth in Colorado. This state is moving forward to address critical, lifesaving needs of our young people, and HB23-1003 can be an important part of our continuum of mental health care.

Youth in our state are experiencing a mental health crisis that has made suicide the leading cause of death for those ages 10-14. For our Colorado high school students, recent research has revealed that 17% have considered suicide and 7% have attempted to end their own lives. The rate of youth suicide here – higher than the national average – has been increasing since 2013, and a Mental Health America ranking of mental health needs and access to care listed Colorado as 47th out of the 50 states. We can and will do better, and HB23-1003 can be one part of that progress.

The program wisely works through schools, where we can reach so many of our vulnerable youth, and each local school that meets certain requirements decides whether to participate in the program through an opt-in process. Screenings are then offered to determine needs, and students can then be served through Colorado's existing I-Matter program to provide essential, short-term counseling and therapy. We support the bill because we believe access to increased opportunities to care, along with efforts to engage parents in their children's mental health treatment, align with our mission to serve children in Colorado. We are grateful for your leadership in this direly important issue.

Supporting the mental health of our young people and preventing the tragedy of youth suicide are critical priorities for all Coloradans, as this challenge impacts every community across our state. HB23-1003 increases access to effective, professional, evidence-based mental health care. The Kempe Foundation is pleased to support the bill and continue to be a resource for the state in its efforts to improve the mental and emotional wellbeing of children and youth.

Kindest regards,

Jon Kruljac
CEO
The Kempe Foundation

Kendall Marlowe
Public Policy Consultant
The Kempe Foundation

©
1130
04/13/23

Written Testimony of Brooke Strommen April 13, 2023

To: Senator Rhonda Fields, Chair and Members of the Health and Human Services Committee:

My apology for being unable to testify in person. Given how important this issue is to family and me, I want to reinforce how strongly I support and urge your voter for HB 1130. My son suffers from a serious mental illness (SMI) and that is why I am offering this statement. This bill passed the House by an overwhelming 57-3 vote with thirty-seven Representatives from both parties asking to serve as co-sponsors.

I know from personal experience how patients required to follow step therapy requirements or frankly what should be called fail first practices go long periods – weeks and even many months before they get the right medication that their personal trained physician knows will work best. These delays cause incalculable harm to patients and their families. Failure to receive proper medication leads to far greater costs to insurance carriers and the State as emergency room visits and hospitalizations often result. Sometimes there have even been lives lost. As maybe the only front line health care professional in the Legislature I am sure you have seen the same problems that I have lived through.

These are just statistics until you are forced to live through the harms caused by misguided step therapy protocols – as my son was forced to do. Then it is not a faceless statistic but something very near and dear to you. The law must be changed.

House Bill 1130 is a fair and middle of the road reform that will help solve a serious problem.

If, you or anyone on your staff has questions I am happy to discuss my firsthand experience with them.

Members of the Committee thank you for your consideration of this letter and please do the right thing by thousands of suffering from SMIs across Colorado.



Brooke Strommen
1441 Dahlia Street
Denver, CO 80220
brookenbria@gmail.com



1130
04/19/23

RE: Testimony before the Colorado Senate Health and Human Services Committee, April 2023

My name is Dr Andrew Novick and I am a board-certified psychiatrist holding a full-time faculty appointment at the University of Colorado School of Medicine. While I cannot speak on behalf of my institution, I am grateful for the opportunity to provide testimony as a physician and concerned citizen.

Within our Center for Women's Behavioral Health and Wellness, I have the privilege of conducting psychiatric research, training future psychiatrists, and providing mental health care to Colorado's women. Unfortunately, this position has given me a front row view to the mental health decline so accurately captured by HB1130's sponsors.

Prescribing medication requires thoughtful decision making; this is how I practice and it's what I teach to future psychiatrists. We are obligated to prescribe the medication we feel will pose the least risk to the patient's recovery. Sometimes, it is appropriate to prescribe older, generic medications. "Newer" doesn't always mean "better." However, sometimes newer drugs backed by peer reviewed data offer patients the best chance at recovery with the fewest side effects. When step therapy delays access to the most effective medication – the risk of patient morbidity and mortality rises.

In my area of women's behavioral health, the consequences of treatment delays are especially dire. Inadequate treatment of severe mental illness in pregnant women increases the risk of obstetrical complications. In the postpartum period, a mother's untreated severe mental illness impacts a child's development and increases that child's risk for future mental health problems. Rapid, effective treatment specifically tailored to a pregnant woman or breastfeeding mother is essential. There is little place for less effective, alternative agents.

By limiting step therapy to one step, HB1130 would bring much needed standardization to an aspect of drug coverage that frequently feels arbitrary and unrelated to standards of medical care. But most importantly, it would both quicken patient access to potentially life-saving treatments and promote further scientific innovation in our state – all without overburdening healthcare plans.

In my opinion, this bill will reduce emergency room visits and hospitalizations that occur when patients are not receiving the most efficacious medications. As such, increased insurance premiums would not be justified given the money insurance companies would likely save through getting patients healthier faster and avoiding hospitalizations.

At its core, this bill supports the notion that any Coloradoan suffering from an illness deserves the best chance at becoming well. I am deeply encouraged by the Houses' passage of this bill and urge the Senate to follow suit. Thank you for your time today and happy to answer any questions you may have.

Sincerely,



Andrew M. Novick, MD PhD



HB23-1003 Billheather rice to: committees.lcs.ga@coleg.gov 04/05/2023 10:22 PM

I am a concerned parent of a high schooler here in El Paso County, Colorado Springs. I am writing in support of HB23-1003 School Mental Health Assessment and would really like to see this bill pass. Mental health of Colorado youth has worsened significantly both before and during the pandemic. Suicide rates in El Paso County are among the highest in the state. This bill will allow mental health screenings in public schools. This is lifesaving legislation.

Although many students have mental health screenings at well visits, many students don't have a primary care provider and don't receive routine well care. For these students, the most effective way for them to receive mental health screenings is at school.

We can't help students if we don't know they are struggling, so screenings at school will help identify kids at risk.

Thank you- Heather Rice

Esteemed Committee members,

My name is Ivana Bejaran, I am the state organizing director with stand for children, and I am here today to ask you to vote to support HB23-1003.

I am an individual who has struggled with her mental health, specifically anxiety and depression, for as long as I can remember. My anxious tendencies can be traced back to losing my desk mate from an unknown disease suddenly when I was six years old. After that, I developed extreme separation anxiety from my parents, my brother, and any other authority figure.

It got better as I was growing up but it was never gone and I wish I had known that. During my middle school and high school years I built very unhealthy attachments to other classmates, that I did not understand. I would be so frustrated with myself and my own responses to situations not understanding where they were coming from. Not understanding they were a trauma response.

Everything seemed fine until age 20 when my dad was diagnosed with kidney cancer and again, I did not deal with it. I became the problem solver, the decision maker, the interpreter. Six months later when it was time for me to go do my semester abroad, everything changed.

My dad was going through his second kidney surgery at the time, and I swore I was losing my mind halfway across the globe. I was only able to stay there for a month. I had to drop out of college which was a huge deal for me but there was no other way. There was no way out. I had to take a step back and figure out what was going on. What was wrong with me. I vividly remember I needed to leave when I was out with friends and I felt like if I reached out to touch them, they weren't really there. Like it was a figment of my imagination that they were sitting next to me.

Life can change in an instant. For me, life changed again after that month. Once I made it back with my family, I started to question my own life. At that moment I was terrified. This was not normal. There was something wrong with me.

I sat my mom down and I asked her what is the point of life? What are we here? When all I really wanted to ask was... how do I get out of this? Does it ever get better?

At that moment I realized parents are not trained to have these conversations. My mom and dad love me. They have given everything to ensure my brother and I have every opportunity they could give us and even then, what I saw in my mom's eyes was pure confusion and fear.

All I needed to hear at that point was – this is normal, you are okay, it gets better, and this is how...

This bill would allow kids like me to be diagnosed early. For kids like me to know themselves and have the tools they need to understand and manage their own emotions and thoughts. This bill will mean freedom, happiness, and life for a lot of youth out there who may not have someone to go to, who may not think they have someone to go to, who may think no one will ever understand, like I did.

I still struggle to this day with my depression and anxiety. They go hand in hand. That is me, a twenty-eight-year-old woman who has tools and friends and family who help. I didn't have this in school. Let's support our children and allow them to live their dreams and not be completely crippled by their mental health fight.

Thank you.

April 13, 2023

Senate Health and Human Services Committee
State of Colorado
State Capitol

Dear Health and Human Services Committee

My name is Bradley Jackson and I am here in support of the amended position on HB 23-1003. As a licensed clinical social worker, the Director of Counseling at Kent Denver School in Englewood, Colorado, and a member of the Mental Health Consortium, I can attest first hand to the critical need to connect Colorado youth to mental healthcare in the community.

HB23-1003 is a preventative measure that would take the state of Colorado one step further in pioneering creative systems to address the current youth mental health crisis, thereby improving community well-being and also reducing violence in our schools, communities, and our future.

This bill, foremost, enables early intervention for symptoms of distress in our youth. Early intervention significantly reduces the chances of lifelong complications and is more economically efficient. Early intervention also mitigates school violence, community violence, and substance abuse, all of which are symptomatic of untreated mental distress.

The use of the word “screening” more accurately reflects the intention of this legislation to provide brief screenings that inform the need for further assessment. HB23-1003 seeks not to transform schools into mental health clinics that provide comprehensive psychiatric assessments, but strives instead to innovatively use schools as a bridge to mental health providers. Amending the legislation more accurately represents the specific kind of tools to be used in school settings, and it honors the bill’s intention to refer individuals to an appropriate level of care. Given that current school counseling structures do not have the resources nor the capacity to sustain providing mental health treatment to all students, it is critical that this legislation creates a system in which schools can refer out.

In addition, the use of the word screening mirrors best practices used in pediatric medical offices as well as in the hearing and vision screenings often provided by school nurses. The use of the word “screening” goes a long way in destigmatizing mental health, rendering this kind of practice to be just as normal as any other health related issue. Furthermore, “screening” advances the mission of this legislation to reach *more* students and families because of reduced stigma.

Normalizing mental health is of critical importance particularly for communities of color, athletes, and other groups in which people have historically suffered in silence.

I also support the inclusion of a provision to notify parents if the need for further assessment arises. Some presentations of mental illness in youth appear behaviorally, and notifying caregivers of the need for further assessment may assist them in better understanding their individual child's needs both at home and at school. Many other presentations of mental distress remain invisible in youth, leaving some caregivers in the dark about their child's struggles. Every family deserves the opportunity to secure whatever resources are needed to enhance the mental and physical well-being of their child. Notifying families of the need for further assessment greatly increases a child's ability to access treatment, and given the role that environment plays in mental well-being, a family member's support in the treatment process aids in overall growth and treatment success.

Connecting more adolescents to community care also empowers schools to focus on prevention solutions such as social emotional learning programs and curriculum. Data from screenings can speak to the individual needs of a school community, thereby allowing culturally responsive practice and targeting social emotional education on the part of school mental health teams.

The U.S. Surgeon General's research points to the neurobiological nature of human connection as key to alleviating much of the mental distress in our communities. Providing screenings and notifying families of the need for care, as is the case in the amended version of HB23-1003, takes us one step further in the direction of connection - between adolescents and schools, between schools and families, and between caregivers and their children. Thank you for your time today and for supporting the well-being of our state's next generation.

Sincerely yours,

Bradley P. Jackson, MSW, LCSW