



COLORADO
Department of Education

Colorado State Board of Education

TRANSCRIPT OF PROCEEDINGS
BEFORE THE
COLORADO DEPARTMENT OF EDUCATION COMMISSION
DENVER, COLORADO
October 8, 2014, Part 1

BE IT REMEMBERED THAT on October 8, 2014,
the above-entitled meeting was conducted at the Colorado
Department of Education, before the following Board
Members:

Paul Lundeen (R), Chairman
Marcia Neal (R), Vice Chairman
Elaine Gantz Berman (D)
Jane Goff (D)
Pam Mazanec (R)
Debora Scheffel (R)
Angelika Schroeder (D)



1 CHAIRMAN LUNDEEN: Please call the roll.

2 MS. MARKEL: Elaine Gantz Berman.

3 MS. BERMAN: Here.

4 MS. MARKEL: Jane Goff.

5 MS. MARKEL: Paul Lundeen.

6 CHAIRMAN LUNDEEN: Good morning.

7 MS. MARKEL: Pam Mazanec.

8 MS. MAZANEC: Here.

9 MS. MARKEL: Marcia Neal.

10 MS. NEAL: Here.

11 MS. MARKEL: Dr. Scheffel.

12 MS. SCHEFFEL: Here.

13 MS. MARKEL: Dr. Schroeder.

14 MS. SCHROEDER: Here.

15 MS. NEAL: Has Jane called?

16 MS. MARKEL: Jane has called. And member

17 Goff is on the way here. We'll be delayed slightly. Our

18 mics good? Sorting out tech issues here.

19 MS. NEAL: Mic's good. Yep.

20 CHAIRMAN LUNDEEN: Who would like to lead us

21 in the pledge of allegiance? Keith?

22 ALL: I pledge allegiance to the flag of the

23 United States of America and to the Republic for which it

24 stands. One Nation under God, indivisible, with liberty

25 and justice for all.



1 CHAIRMAN LUNDEEN: Thank you very much. Are
2 you ready?

3 MS. NEAL: Ready as I'll ever be.

4 CHAIRMAN LUNDEEN: Is there a motion to
5 approve the agenda?

6 MS. NEAL: I move to approve the agenda as
7 published.

8 CHAIRMAN LUNDEEN: Is there a second? Dr.
9 Schroeder. All in favor or without opposition. The
10 agenda -- hearing no opposition the agenda is adopted.

11 MS. NEAL: I move to place the following
12 matters on the consent agenda.

13 CHAIRMAN LUNDEEN: Thank you.

14 MS. NEAL: Regarding disciplinary
15 proceedings concerning -- 13.01, regarding disciplinary
16 proceedings concerning an application, charge number
17 2012EC703, instruct department staff to issue a Notice of
18 Denial and appeal rights to the applicant pursuant to 24-
19 4-104CRS.

20 13.02, regarding disciplinary proceedings
21 concerning an application, charge number 2012EC1120,
22 dismiss the charge against the applicant and instruct the
23 commissioner to sign the settlement agreement.

24 13.03, regarding disciplinary proceedings
25 concerning an application charge number 2013EC761,



1 instruct the department staff to issue a notice of denial
2 and appeal rights to the applicant pursuant to 24-4-4-
3 104CRS.

4 13.04, regarding disciplinary proceedings
5 concerning an application, charge number 2013EC1649,
6 instruct department staff to issue a notice of denial and
7 appeal rights to the applicant pursuant to 24-4-104CRS.

8 13.05 regarding disciplinary proceedings
9 concerning a license, charge number 2013EC1733, instruct
10 the commissioner to sign the settlement agreement.

11 13.06, regarding disciplinary proceedings
12 concerning an application, charge number 2013EC3099,
13 instruct department staff to issue a Notice of Denial and
14 appeal rights to the applicant pursuant to 24-4-104.

15 13.07, approve three initial emergency
16 authorizations as set forth in the published agenda.

17 13.08, approve one renewal emergency
18 authorization as set forth in the published agenda.

19 13.09, approve Centennial's R-1 teacher
20 Induction Program as set forth in the published agenda.

21 14.01, approve Clear Creek RE-1 school
22 district's request on behalf of Georgetown Community
23 School for a waver from state statutes as set forth in
24 the published agenda.

25 14.02, approve Jefferson County RE-1 -- R-1



1 school district's request on behalf of Jefferson Academy
2 Charter School for a waiver from state statutes as set
3 forth in the published agenda.

4 14.03, approve Thompson School District's
5 request on behalf of Loveland Classical School for a
6 waiver from state statutes as set forth in the published
7 agenda.

8 14.04, approve Thompson School District's
9 request on behalf of New Vision Charter School for waiver
10 from state statutes as set forth in the published agenda.

11 14.05, approve West End RE-2 School
12 District's request on behalf of Paradox Valley Charter
13 School for a waiver from state statutes as set forth in
14 the published agenda.

15 14.06, approve Jefferson County's R-1 School
16 District's request on behalf of Rocky Mountain Academy of
17 Evergreen -- for something here. For a waiver from state
18 statutes as set forth in the published agenda.

19 14.07, approve Jefferson County RE-1 -- R-1
20 School District's request on behalf of Two Roads Charter
21 School for a waiver from state statutes as set forth in
22 the published agenda.

23 15.01, approve school year 2014-'15 English
24 Language Proficiency Program's distribution of funds
25 under the English Language Proficiency Act as set forth



1 in the published agenda.

2 15.02, approve school year 2014-'15
3 distribution of professional development in student
4 support program funds under the English Language
5 Proficiency Act as set forth in the published agenda.
6 This is the end of the consent agenda.

7 CHAIRMAN LUNDEEN: That is a proper motion.
8 Is there a second? Dr. Scheffel. It's moved and
9 seconded. Without objection the motion shall carry. Ms.
10 Markel.

11 MS. MARKEL: Good morning, Mr. Chair,
12 members of the board, (indiscernible).

13 CHAIRMAN LUNDEEN: Microphone.

14 MS. MARKEL: Good morning, everyone. IN
15 your packet today you have the updated events calendar.
16 I'd like to remind you that tomorrow afternoon, while
17 it's not a board meeting or event, the early childhood
18 convening is taking place at 1:00 on Lowry Campus, and I
19 know that some of you have indicated that you would be
20 able to attend that, and I just wanted to bring that to
21 your attention as a reminder.

22 In addition to the events calendar you have
23 your updated expense report. For Section 7 of today's
24 agenda you have copies of the two sets of rules that will
25 be before you for rulemaking hearing. The rules



1 concerning the administration of the CDR Grant Program
2 and the rules concerning the administration of the School
3 Health Professional Grant Program. Those rulemaking
4 hearings will occur in just a few minutes this morning.

5 In Section 10, for the visit from the
6 Colorado Charter School Institute, you have a copy of
7 their PowerPoint for their presentation to you.

8 In Section 12.02 you have a copy of the
9 current legislative priorities where you'll be discussing
10 with Jennifer Mellow later this morning, or perhaps this
11 afternoon. Proposed legislative priorities for this
12 upcoming legislative season.

13 In Section 15, you have copies of the Alpha
14 summary, along with the attached funding charts, which
15 were (indiscernible) the consent agenda. Which
16 (indiscernible) just voted on.

17 In 16.01 you have a copy of the School
18 Readiness Assessment PowerPoint setting forth the three
19 proposed assessments, which will be before you for action
20 later today.

21 And finally, in Section 17, you have a copy
22 of your strategic plan, update PowerPoint, along with the
23 CDE 2014-'15 performance plan. And that's the end of my
24 report unless there are questions.

25 CHAIRMAN LUNDEEN: Elaine?



1 MS. BERMAN: Just to really -- can you make
2 sure we all have the address of the Lowry Conference
3 Center?

4 MS. MARKEL: Yes, I will send it to you.

5 MS. BERMAN: Thanks.

6 CHAIRMAN LUNDEEN: And just to acknowledge,
7 I regret that I have a pre-existing commitment, I won't
8 be able to be there. There any other questions for
9 Carrie regarding today's business? Okay, then we head
10 into some rulemaking hearings.

11 Colorado State Board of Education will now
12 conduct a public rulemaking hearing for eh rules for the
13 administration of the Instruction in Cardiopulmonary
14 Resuscitation in Public Schools Grants Program. State
15 Board approved the notice of rulemaking at it's August
16 13, 2014 board meeting. A hearing to promulgate these
17 rules was made known through publication of -- or, yeah,
18 of a public notice on August 24, 2014 through the
19 Colorado Register and by state board notice on October 1,
20 2014.

21 State Board is authorized to promulgate
22 these rules pursuant to Article 9, Section 1, Colorado
23 Constitution, and Sections 22-2-1061A and C. 22-7-4091.5
24 and 22-1-129 and 22-1-125.5 of the Colorado Revised
25 Statutes. Mr. Commissioner.



1 COMM. HAMMOND: Thank you, Mr. Chair, and
2 I'll turn this over to Ms. Rebecca Holmes and Sarah
3 Matthews who will just lead you through this. We talked
4 to you about this at the last board meeting when we gave
5 -- when we gave notice for the rulemaking hearing today.
6 But the act requires us to generate rules and especially
7 around the grant program that we outlined at the last
8 meeting, so Rebecca.

9 MS. HOLMES: Thank you, Mr. Chair.

10 CHAIRMAN LUNDEEN: Please, go ahead.

11 MS. HOLMES: Good morning. So, we have two
12 sets of opportunity for public comment on two separate
13 rules for grantmaking today, both of which came from the
14 2014 legislative session. The first is a public comment
15 as part of the rulemaking process for the CPR and AED
16 Grant Program to schools.

17 This grant, of course, requires the
18 promulgation of rules for the implementation of the
19 program. This program does come from state funds and it
20 is intended to train students and coaches in CPR, and
21 Sarah Matthew will give you a brief overview, and then I
22 don't believe we have any public comments scheduled.

23 CHAIRMAN LUNDEEN: No one's signed up at
24 this point. I would point out that public comment is
25 welcome. If anyone would like to speak please let us



1 know. Go ahead, Rebecca. I'm sorry. Rebecca is handed
2 to you. Please proceed.

3 MS. HOLMES: Thank you. So, the CPR AED
4 Grant Program, we base the rules strictly on statute. We
5 are granting \$250,000 of state funds to schools and
6 districts to train students and staff in cardio-pulmonary
7 resuscitation and auto external defibrillator training.

8 The coaches also need to be certified as in
9 statute for CPR and AED, and the certification is a
10 slightly longer and more intensive program. We based the
11 coaching staff positions that were required to be
12 certified on the CHASA list of athletic coaches. And
13 those coaches would not include volunteer coaches. So, I
14 don't think there's really anything else that we need to
15 -- I think that's pretty much it. Yes?

16 UNKNOWN SPEAKER: What's the CHASA list of?

17 MS. HOLMES: The CHASA list of athletic
18 coaches was a list of approved athletics that they
19 oversee.

20 UNKNOWN SPEAKER: So, it's about the sport
21 rather.

22 MS. HOLMES: It would be more about sports,
23 and less about debate, and we have had that question come
24 up. So -- any other questions?

25 CHAIRMAN LUNDEEN: Other questions? Okay.



1 Is there anyone present to testify? No, crickets. So,
2 this concludes, then, the rulemaking hearing for the
3 rules for the administration of the Instruction in
4 Cardiopulmonary Resuscitation in Public School's Grants
5 Program. Is there any further discussion among board
6 members?

7 We have two opportunities at this juncture,
8 one, if we are unanimous in our thought, we can adopt
9 these rules at this point. If we'd like to consider them
10 further, we can evaluate them further and take a vote
11 next month. Prepare to move forward, a motion is then in
12 order. Madam Vice Chair.

13 MS. NEAL: I move to approve the rules for
14 the administration of the Instruction of Cardiopulmonary
15 Resuscitation in --

16 CHAIRMAN LUNDEEN: Just say CPU.

17 MS. NEAL: Thank you -- in Public Schools
18 Grant Program.

19 CHAIRMAN LUNDEEN: That's a proper motion.
20 Is there a second? Seconds all over. We'll take Elaine.
21 Elaine hasn't seconded in a while. Is there any
22 objection? Hearing none, motion carries. And I believe
23 you two are going to stay at the dais here, or the table?

24 MS. HOLMES: Yes.

25 CHAIRMAN LUNDEEN: State Board of Education



1 will now conduct a public rulemaking hearing for the
2 rules for the administration of the School Health
3 Professional Grant Program, 1CCR301-97. State board
4 approved the notice of rulemaking at it's August 13, 2014
5 board meeting. The hearing to promulgate these rules was
6 made known through publication of a public notice on
7 August 25, 2014 through the Colorado Register, and by
8 state board notice on October 1, 2014.

9 State Board is authorized to promulgate
10 these rules pursuant to Article 9, Section 1, Colorado
11 Constitution and sections 22-2-1061 and a and c. 22-7-10
12 -- I'm sorry. 22-7-409 subsection 1.5 and 22-96-101 et
13 sec of the Colorado revised statutes. Commissioner.

14 COMM. HAMMOND: Thank you, Mr. Chair. This
15 was initiated through the marijuana money that the state
16 is receiving (indiscernible) sets forth a variety of
17 programs, and it requires us to have a grant program, and
18 these are the rules. In accordance with statute and
19 guidance that we've received that we're going to put
20 forth.

21 We talked about this at the last board
22 meeting, so I have Sarah and Matthew -- Sarah, Matthew
23 and Rebecca Holmes talk about this some more and answer
24 any of your questions.

25 MS. HOLMES: Thank you, Mr. Chair.



1 CHAIRMAN LUNDEEN: Please, proceed.

2 MS. HOLMES: So, you may recall this is \$2
3 1/2-million from the marijuana tax revenue, and that tax
4 revenue is split into two buckets, so of course there is
5 the first bucket. Where up to 40-million goes to BEST,
6 and that is the program where we've not yet met, as a
7 state, that \$40-million threshold.

8 There is, however, a second excise tax, and
9 that is the money where \$2 1/2-million has been carved
10 out by the governor's office in the legislature to
11 address, obviously, ideally the prevention of marijuana
12 use among youth. The way that the legislation chose to
13 do that was through a School Health Professionals Grant
14 that allows schools and school districts to staff up
15 their health professionals that can work on behavioral
16 health, and particularly around drug abuse and drug
17 prevention.

18 So that's where this \$2 1/2-million is
19 aimed. This is a grant program and a set of rules where
20 we have received extensive public input and public
21 comments, some of which I know you'll hear today, and
22 Sarah can give you a brief overview around some issues in
23 the rules in two particular areas of public
24 (indiscernible).

25 UNKNOWN SPEAKER: Mr. Chair.



1 CHAIRMAN LUNDEEN: Please, proceed.

2 UNKNOWN SPEAKER: Thank you. So, for the
3 rules for this grant we did try to stay close to statute
4 with two notable exceptions. The first is that we added
5 family education to the student and staff education piece
6 because through public comment it was reflected that
7 substance abuse programs are more effective when they are
8 inclusive of families.

9 The second is that we add in an assurance
10 for the Health Kids Colorado Survey, because the data
11 collected through the survey was collected this past fall
12 prior to legalization of recreational marijuana. And,
13 therefore, it will serve as baseline data.

14 In 2013 the state selected schools to
15 participate from over 115 school districts in a random
16 sample, about 90 percent of those districts selected in
17 the state sample agreed to participate in the survey
18 representing over 100 Colorado districts. Over 250
19 schools participated with the state, and over half of
20 those participating schools actually chose to over-sample
21 and do their entire district in a census so that they
22 would get school-level and district level data reports
23 out of that.

24 We also added that we were then able to --
25 we will then be able to see the impact of the



1 legalization of recreational marijuana and its effect on
2 our youth. The governor's office has also called out
3 this data that they will be tracking for this very same
4 reason. We did not want to introduce a separate and
5 duplicative survey to schools that would add burden on
6 their surveys.

7 So those are the two added -- add-ons that
8 we put into the rules that were not in legislation.

9 CHAIRMAN LUNDEEN: Any direct questions at
10 this point? We do have some public comment. Dr.
11 Schroeder.

12 MS. SCHROEDER: I would -- I would, because
13 I know very little about this, I would just like to know
14 are there some highly regarded programs for teaching
15 substance abuse and are they -- do we make
16 recommendations at CDE? How does a district, once they
17 get the results from the survey, make the application and
18 indicate what program they want -- they want to
19 implement? Is there a battery of acceptable --?

20 UNKNOWN SPEAKER: Mr. Chair.

21 CHAIRMAN LUNDEEN: Please.

22 UNKNOWN SPEAKER: Thank you. So, it was
23 called out in statute that they would need to use an
24 evidence-based program, and there is a list of those on
25 the SAMHSA website but --



1 MS. SCHROEDER: On the what website?

2 UNKNOWN SPEAKER: ON the SAMHSA website.

3 With substance abuse and mental health services
4 administration. That's where --

5 MS. SCHROEDER: Is that national?

6 UNKNOWN SPEAKER: Yes.

7 MS. SCHROEDER: Thank you.

8 UNKNOWN SPEAKER: However, we define -- we
9 did not define evidence-based programing in statute. Or
10 it was not defined in statute, and we chose not to
11 further define it, because we know that districts will
12 probably name programs that they would choose to best
13 meet their student's population, and then we could
14 determine at that point if they were evidence-based
15 programs.

16 MS. SCHROEDER: Okay, so when they apply
17 then you do look at what it is that they hope to
18 implement.

19 UNKNOWN SPEAKER: Right.

20 MS. SCHROEDER: And then compare that to
21 what is generally accepted.

22 UNKNOWN SPEAKER: Right.

23 MS. SCHROEDER: Thank you.

24 UNKNOWN SPEAKER: Thank you.

25 CHAIRMAN LUNDEEN: Okay, other questions



1 before we go into the public testimony portion? No? Dr.
2 Scheffel, go ahead.

3 UNKNOWN SPEAKER: (indiscernible)

4 CHAIRMAN LUNDEEN: Absolutely. We'll take
5 public testimony and then we can discuss it further, then
6 we have again the option to either vote unanimously or
7 hold over for 30 days to consider further and vote at the
8 November meeting.

9 So, a number of people have signed up. If
10 there are others who have not signed up, but have
11 interest, please let the staff know. The first person
12 signed up is Elizabeth Clark.

13 When you come up to speak, please step to
14 the lectern, speak into the microphone, state your name,
15 whom you represent if you represent an organization, or
16 where you're from if you don't represent an organization,
17 and please limit your comments to three minutes. Staff
18 here will let you know how you're doing on time.

19 MS. CLARK: Okay. Thank you, good morning.

20 CHAIRMAN LUNDEEN: Good morning.

21 MS. CLARK: My name's Elizabeth Clark, and
22 I'm the Colorado Director to the National Association of
23 School Nurses. I've been a school nurse in Colorado for
24 the past 20 years, and I have a great deal of experience
25 with substance abuse issues and students in Colorado



1 schools. I'm currently working in the Boulder Valley
2 School District as the School Medicaid Coordinator, which
3 is an administrative position.

4 I really wanted to share some important
5 things about the School Health Professional Grant. We in
6 Boulder have participated in the Healthy Kids Colorado,
7 and there's some really concerning data for our district.
8 Our students have higher than national trends in several
9 areas, including alcohol use, binge drinking, ever used
10 marijuana, current marijuana use, current cocaine use,
11 ever used ecstasy, smoked cigarettes at school, drank
12 alcohol at school, offered drugs at school, and alcohol
13 and drugs before last sex.

14 And I wanted to make sure I included that to
15 make sure you're all listening, because usually if you
16 mention sex then, you know, I know you're with me.

17 MS. NEAL: Right.

18 MS. CLARK: And, you know, we really feel
19 that this data is extremely valuable, because we do have
20 a baseline to know where we are and where we're moving
21 forward. And our district actually did oversample. They
22 included all the middle schools and high schools in our -
23 - in our school districts, so we'll have some really good
24 data to move forward.

25 As a school nurse, when I was in middle



1 schools and high school, there wasn't a day passed that I
2 talked to a student about substance abuse issues, and
3 often at times would also talk to their parents. I had
4 one incident I had a student who came in late to school,
5 wasn't feeling well, of course, comes down to see the
6 school nurse, so we do our typical routine, checked his
7 temperature, wasn't running a fever, had him lay down,
8 pulled a little curtain around him, let him rest for
9 about 10 minutes, and the plan is then you re-check them
10 and you send them back to class. Usually they're fine,
11 you know.

12 Well, this young man, when we pulled the
13 curtain back, there was a very strong odor, smelled like,
14 kind of like, burning rope. And I thought, hmm, think I
15 better let my administrator know. So I contacted the
16 building principal, and he checked the student and had,
17 you know, checked his pockets, had a pipe with some
18 marijuana on him, and he reported to us that him and his
19 mother had smoked it on the way to school that morning in
20 the car.

21 So, this is a very, very important issue for
22 our students in Colorado, and it's really critical that
23 we include families in this education process to support
24 the prevention of drug use, and then also for those
25 students who are actively using to provide intervention



1 services for them.

2 So, I just want to say to you how important
3 it is to have school health professionals such as school
4 nurses in schools to provide these desperately needed
5 prevention and intervention services, and school nurses
6 don't work alone. We work with counseling staff, social
7 workers, school psychologists. It's a team approach.
8 You know, we can't do this alone. We need to work
9 together to provide these services for students.

10 I do believe that the rules for the school
11 health professional grant program should be adopted, and
12 this is a positive program to support our youth in
13 Colorado. Thank you.

14 CHAIRMAN LUNDEEN: Thank you. Tim Garland.

15 MR. GARLAND: Chairman Lundeen, members of
16 the board, commissioners, great to be here today. My
17 name is Tim Garland, I am the Colorado Springs School
18 District 11 Counseling Chair in Doherty High School. And
19 I'm -- my principal is with me, Keven Gardner, from
20 Doherty High School.

21 We, as educators, are charged with preparing
22 students for a world yet to be imagined. WE prepare
23 students academically, personally, socially, get them
24 ready for college, careers, get them ready for the
25 workforce. We are in the kid business. We try to work



1 on the whole person of the student, and so health
2 concerns are very, very important, because they do impact
3 how a student engages with school, and their learning.

4 We, just over a month ago, or just under a
5 month ago, we had a tragedy at our school. One of our
6 students walked into the building and took his life. It
7 shook us. It shook our community. I won't like to you
8 about that, and it was -- it was a very tough time to
9 work through that, that day. And the days that followed.
10 I don't wish that upon anybody.

11 And so, it really has brought to our
12 attention the need for working on the whole students, not
13 just the academics. IN fact, what can we do to help
14 break down those barriers? To the learning process?

15 Out of respect for this student I'm not
16 going to talk about his situation. Indicators were not
17 there. He was a happy student. But in other cases, many
18 students are dealing with a lot of behavioral health,
19 social emotional issues. 90 percent of completed
20 suicides are represented -- have those issues
21 represented.

22 In Colorado we have 20-25 percent of
23 students are dealing with things such as anxiety,
24 depression, substance abuse, things of that nature, and
25 even worse. And so my charge, actually, my goal, is to



1 request more resources in terms of personnel, to work on
2 programs and training for our students and for our staff,
3 so that we can help better understand the symptoms and
4 signs of some of these things going on in their lives
5 that are creating barriers to education.

6 We also need to reach out to parents. I
7 appreciate what Elizabeth said. We need to align all
8 these resources and work together as a community, but
9 often times parents do not feel that their -- they don't
10 know where to turn, and they feel alone and isolated. We
11 want to make sure that they're part of our community, as
12 well.

13 So, a lot of -- a lot of these partnerships
14 can happen within the school, but I would also ask that
15 there's -- there are -- is a need to include partnerships
16 in the behavioral health world. We have a, like, Peak
17 View Behavioral Health in Colorado Springs is becoming
18 such a great patterner for us. Looking at reaching out
19 to the schools and helping us create this population,
20 this culture, this positive culture for learning. Thank
21 you.

22 CHAIRMAN LUNDEEN: Thank you, Tim. Skyler
23 Copit (ph), or Copit, please correct me on the
24 pronunciation of your name.

25 MS. COPIT: Co-pit. Can you hear me okay?



1 CHAIRMAN LUNDEEN: Yes, we can. Welcome.

2 MS. COPIT: All right. Good morning. My
3 name is Skyler Copit, I attend Arapaho High School in
4 Centennial, and I am a Teen Action Councilmember of Rise
5 Above, Colorado. Rise Above is a statewide organization
6 that empowers teens to live a life free from drug abuse.
7 The teen action council is a group of 24 youth from
8 across the state who are passionate about informing our
9 peers about the science and stories behind drug abuse and
10 addiction.

11 I'm here to speak to my feelings about
12 behavioral health issues in teens going untreated because
13 of a lack of funding in schools. Teens suffer from a
14 variety of things, including, but not limited to,
15 depression, suicidal behavior, cutting, emotional
16 reaction to academic difficulties, drug abuse,
17 relationships, domestic violence, pressure to perform,
18 peer pressure, anxiety over the future, and other
19 emotional concerns.

20 I've been trained in effectively reaching
21 teens to promote informed decision-making around drug use
22 through education. I am committed to being an advocate in
23 co-leading a community and school prevention programs.

24 This morning I'm going to share three major
25 life-changing events that occurred over the fall semester



1 of my sophomore year. On September 13, 2013 a friend of
2 mine I had the privilege of knowing since kindergarten
3 took his life at the young age of 16. It is hard to
4 comprehend when, in a time of desperation and need, how
5 this young man was unable to reach out. He was under so
6 much pressure that he withdrew into himself. Students
7 need to understand that they are not alone in their
8 feelings. Schools are the perfect place to cultivate
9 this understanding, because even though he had so many
10 people that cared for him, he lacked the skills to ask
11 for help. Had our school had the funding to encourage
12 small groups, counselors and teacher-student
13 relationships, then perhaps many of the troublesome
14 issues could be ameliorated.

15 On October 26, 2013 a precious friend of
16 mine who was under the influence of drugs and alcohol was
17 skitching. Skitching is when you hitch a ride holding
18 onto -- by holding onto a motor vehicle while on a
19 skateboard. My friend crashed and suffered severe brain
20 trauma. Had he been afforded the time to truly
21 understand the implications of abusing substances int his
22 extremely dangerous and risky way, this incident may have
23 been avoided.

24 On December 13, 2013 a senior at Arapaho
25 High School shot and killed Claire Davis. 200 feet away



1 gunshots sound a lot like a giant wrestling mat dropping
2 from a first story building to a hard wood floor.
3 Barring any serious psychopathology, alternatives to his
4 suspension prior to his actions on December 13th should
5 have been considered to contain violence. It is easy to
6 place blame, but how is a student to learn anything by
7 eliminating him from the school environment?

8 Maybe if these issues were addressed when
9 they made their appearance a preventative effort could
10 have shown him that not all was lost, and that there is a
11 future. Perhaps the shooting of Claire Davis could have
12 been averted.

13 We need professional school staff that can
14 help build in social and emotional skills. Increased
15 funding and support from the school board would be an
16 impetus for professionals to work with students to ensure
17 they were getting the professional help and support that
18 all adolescents need.

19 My hope is that the school board would be
20 willing to take a look at what can be achieved and
21 accomplished from early prevention. The initial costs
22 required to assist professionals to help these students
23 by building their abilities to navigate the challenges of
24 adolescents, would be worth it, and in the long run,
25 would save money, time and effort. Perhaps even avert



1 another disaster. Thank you.

2 CHAIRMAN LUNDEEN: Thank you. Amy Engleman
3 (ph).

4 MS. ENGLEMAN: Good morning.

5 CHAIRMAN LUNDEEN: Good morning.

6 MS. ENGLEMAN: My name is Amy Engleman, and
7 I hold a doctorate in educational psychology, and I
8 manage the teen outreach for Rise Above, Colorado, a
9 state-wide teen drug abuse prevention organization.

10 My purpose today is to convey how vitally
11 important school behavioral health promotion is for
12 preparing all students for college, career, and life.
13 First, I want to commend you all and your predecessors
14 for adopting comprehensive health education standards
15 back in 2009. As the state's content specialist for
16 almost two years I know that the schools with the most
17 aligned health curricula rely on the expertise of their
18 school health professionals. Especially when it comes to
19 behavioral health components of these standards, such as
20 social emotional wellness, and substance use and violence
21 prevention.

22 Most districts and schools, though, do not
23 have the funding for their school health professionals to
24 dedicate the time to schoolwide prevention in addition to
25 managing their caseloads for IEPs, chronic disease



1 management, and academic guidance. This grant begins to
2 fill a void in our education system's capacity to truly
3 support student's academic engagement and success.

4 National data show that these components of
5 comprehensive health education are essential, because our
6 students show signs and symptoms of behavioral health
7 issues at significantly higher rates than the rest of the
8 country. In terms of substance use their experience of
9 major depressive episodes and committing and attempting
10 suicide.

11 Students in every corner of our state are
12 lashing out for help and building their skills to cope
13 with the challenges of adolescents in the 21st century,
14 which now includes a culture of legalized recreational
15 marijuana. Although behavioral health is not the primary
16 role of schools, we know that safe and healthy learners -
17 - students learn better.

18 A recent meta-analysis found that students
19 who receive explicit social emotional instruction have
20 test scores in core subjects 11 percentage points higher
21 than the peers who do not receive this instruction.

22 Social emotional learning focuses on the highly
23 marketable soft skills that core subjects do not address
24 such as collaboration, conflict, and stress management.

25 Behavioral health promotion directly impacts students and



1 educator's time on task, as it significantly reduces
2 students' delinquent behaviors such as bullying,
3 substance abuse, and truancy.

4 The ripple affects of addiction, violence
5 and suicide create an immense emotional and economic toll
6 on schools as well as families and communities.

7 Unmet behavioral health needs often result
8 in expensive crisis management through day treatment,
9 hospitalization, or correctional facilities. School-
10 based behavioral health is a cost-effective warning
11 system allowing school health professionals to identify
12 early signs in order to connect families to the help they
13 need to mitigate major behavioral health issues and
14 tragedies.

15 Colorado knows the impact of trauma all too
16 well, and I implore you to hear the cries of help and
17 improve the rules for this grant program as they stand in
18 order to equip schools with the professional staffing to
19 holistically support their students in building the
20 skills necessary for college, career, and life. Thank
21 you.

22 CHAIRMAN LUNDEEN: Thank you. Casey
23 McAndrew.

24 MS. McANDREW: Hello, my name is Casey
25 McAndrew, and I'm here representing the Youth Action



1 Board at Children's Hospital. The Youth Action board has
2 15 members from 4 different high school districts and 8
3 different high schools are represented. And last year we
4 focused on reducing mental health stigma in high schools
5 and middle schools.

6 The board has come to mean so much to me,
7 because the mental health of teenagers is an extremely
8 personal issue in my life, as I myself was once committed
9 to a psychiatric hospital. Fortunately, I have such a
10 strong relationship with my friends and my family that I
11 was able to ask them for help, but I know that many
12 others aren't so lucky. And this is why we need to teach
13 behavioral health topics in schools.

14 There is a strong connotation between mental
15 health and substance abuse. Suicide is the third leading
16 cause of death in the United States, resulting in
17 approximately 4600 deaths each year. Out of the 316.1-
18 million people who live in the United States, 4600 may
19 not seem like a lot. However, I would like each and
20 every one of you to imagine that one of these 4600 people
21 was a close friend or family member, their death would no
22 longer just be a statistic to you.

23 And now I would like for you to imagine that
24 you are the parents of one of the 157,000 children who
25 have received medical care for self-inflicted injuries.



1 Imagine holding your child's hand as they're taken away
2 from you, and this is why we need to teach behavioral
3 health topics in schools.

4 I'm one of the lucky ones, I knew how to ask
5 for help, but so many people don't. I encourage that you
6 promote the teaching of coping, strategies seeking help,
7 and signs and symptoms in order to help prevent this
8 epidemic that is killing our youth. Thank you.

9 CHAIRMAN LUNDEEN: Thank you, Casey.
10 Paulette Goswick (ph). Please correct me on your name,
11 I'm sorry.

12 MS. GOSWICK: Goswick.

13 CHAIRMAN LUNDEEN: Goswick, welcome.

14 MS. GOSWICK: Good morning. My name is
15 Paulette Goswick, and I'm the Director of Health and
16 Wellness for the Douglas County School District. I'm
17 happy to be here. I also would echo the sentiments of
18 all the other speakers that the rules should be adopted
19 for the following reasons. When we had SAFE and Drug-
20 free money in the school district we were able to do some
21 prevention and intervention things with students with
22 that money. That money was taken away about five years
23 ago, and since then that prevention in particular has
24 fallen off, and unfortunately the intervention needs have
25 gone up.



1 We have recently done the Healthy Kids
2 survey in our district also, and we also sampled and
3 found that 50 percent of our high school students admit
4 to using alcohol, and 25 percent admit to using
5 marijuana. For the first time we have had elementary
6 students bringing marijuana products to school. We have
7 never seen that before. And one of the student's
8 sentiment was -- to the school administrators when she
9 was questioned as to why she would do that, "It's legal."
10 So, we really do feel that we need to step up our
11 prevention efforts.

12 This year the school district has adopted
13 safety as a fourth leg of their strategic plan, and
14 because of that we have got -- opened up a department
15 under my care of prevention and intervention. And I'm
16 very excited about it, but we are grossly underfunded,
17 and at this point are doing what we can with a small
18 amount of money. This grant would add to that possibly
19 even another whole person or more so that we could
20 increase our prevention methods in particular around the
21 problems that we foresee given the marijuana
22 legalization.

23 So, again, I implore you to adopt this grant
24 as stated in the rules and thank you for your time.

25 CHAIRMAN LUNDEEN: Thank you. Laurie



1 Selgado (ph), and then anyone else who didn't sign up or
2 would like to or fill open -- the floor is open following
3 Laurie.

4 MS. SELGADO: Good morning.

5 CHAIRMAN LUNDEEN: Good morning.

6 MS. SELGADO: My name is Laurie, thank you
7 for allowing me to offer a story of a parent perspective.
8 I live in Colorado Springs with my husband and four
9 children, all of whom are aged 14 and all of whom are in
10 the 9th grade. After serving as an Airforce pilot I
11 became a teacher at college, high school and junior high
12 levels, and I'm now pursuing my PhD.

13 Well, now that you've heard my credentials,
14 which I noticed are similar to many of your credentials,
15 I want you to wipe them away from this story, because
16 none of it mattered when mental illness crept into our
17 family.

18 At first it was easy to pass off my son's
19 behaviors as a phase, "Oh, he'll grow out of it. Oh,
20 he's only 4, or 7, or 10." I had heard about bipolar, but
21 that didn't happen to children. Right? I have since
22 learned that this process of normalization, or finding
23 explanations within your own experiences, is quite
24 common. You try to make everything fit into what you
25 know, struggling to explain what you can't understand.



1 Our life slowly normalized into a hellish
2 existence. And I hate to admit, but there were days
3 where I started to believe that my son might be
4 possessed. We tried turning to others, but they didn't
5 understand, and together we were sort of like a bunch of
6 blind men trying to explain an elephant. "Your son is a
7 bad kid. You're a bad parent." And we began to despair,
8 because the tools that the school seemed to have were
9 suspension and expulsion. And we began to believe that
10 our only recourse was going to be through the legal
11 system, through the courts, through the prisons, or
12 through the rehab centers.

13 But we were fortunate, some of our blindness
14 was lifted by books, some by a very few school
15 professionals who were brave enough and kind enough to
16 help us break the cycle of normalization.

17 So, I ask you today to please ensure that
18 families are not excluded from the rulemaking process.
19 Please find ways for families and schools and health
20 professionals to partner together and shed light on the
21 links between a child's mental health, their potential
22 for substance abuse, and their success in school and in
23 life.

24 As a teacher I know that this type of
25 partnership did not increase my workload or add to my job



1 description, just the opposite. It helped me help my
2 students.

3 Thank you for listening to my story and
4 thank you for your service as you craft a rulemaking
5 process that will benefit the whole child. If you have
6 any questions, I'm happy to answer them.

7 CHAIRMAN LUNDEEN: Thank you. Is there
8 anyone else present to testify on this issue? Please,
9 step forward, state your name.

10 MS. KENNEDY: Hi. I'm Heather Kennedy, and
11 I am a, I guess (indiscernible) Youth Engagement
12 Coordinator at Children's Hospital. I'm also a
13 researcher for the Creative Arts Therapy Program there,
14 and I help co-facilitate the Mental Health Youth Action
15 Board, of which Casey is an amazing, talented member.

16 And I just had to speak on behalf of the
17 Mental Health Youth Action Board, which represents now 15
18 teens from 4 different school districts, and last year we
19 simply asked the teens, "We want you to have your
20 antennas up." They didn't know necessarily what mental
21 health was, because no one had ever told them. They knew
22 that there was significant problems in their schools, and
23 they came to us week after week after week as we had
24 discussions and they had their antennas up, and what
25 their antennas, or ears, caught was that no one at their



1 schools knew how to help somebody in need. They didn't
2 even know if they person -- or when they would need help,
3 or what it would look like if they were to ask for help.
4 They were scared, they were confused, and they didn't
5 even know how to deal with their own personal emotions.

6 And these are teens who have experienced
7 mental health and some who had not mental health issues,
8 and so we offered a training call to Youth Mental Health
9 First Aid, which is a CPR-like training to help with
10 young people in crisis. And I personally -- I was
11 trained in youth mental health first aid in, well, mental
12 health first aid in 2009, and I never, as an adult, never
13 used those skills. We trained our teens in February of
14 last year, and the day after they complete the training a
15 teen texted me and said, "Thank you so much for teaching
16 me those skills. I helped save my friend's life." They
17 used it the very next day. These teens need the skills
18 on how to both understand their own emotions, and how to
19 help others.

20 I'm also an advocate for young people and
21 involving all young people in all the programs, policies
22 and practices that impact their lives, so I would
23 encourage you to think about how young people can be
24 involved not only in understanding and advocating for
25 which programs get implemented in their schools, but also



1 what kinds of things we say about mental health, and
2 engaging in people in those decisions.

3 And, lastly, I just thought I'd mention that
4 the caller -- Children's Hospital's strategic plan, as
5 part of the public health impact pyramid, identified that
6 prevention is a core need, in order to reduce the amount
7 of mental health kind of crises that we deal with. And
8 yet, we're not well positioned to that at Children's
9 Hospital, and we must rely on our partners and prevention
10 is a large part of making the biggest different for the
11 greatest number do reduce significant mental health
12 crises. Thank you.

13 CHAIRMAN LUNDEEN: Thank you very much.
14 Anyone else wishing to testify on this issue? Okay,
15 seeing none, I'll come back to the board. Questions,
16 conversation?

17 MS. NEAL: I had a few comments. I was
18 thinking as they're -- thank you all very much for your
19 testimony, because you brought a lot of things to mind
20 that we needed to hear. I'm sure the irony is not lost
21 on anyone that we're providing this program with
22 marijuana money, but as long as it's there we're -- we
23 need to take advantage of it.

24 I just appreciate all of you, and what you
25 had to say, and it made me think about a lot of things,



1 like mental health and teen substance abuse, which comes
2 first, you know, if it's the chicken or the egg. And I
3 assume it happens both ways, but I just wanted to thank
4 you all for testifying. You really made it real for me,
5 and I imagine for most of us.

6 CHAIRMAN LUNDEEN: Questions? Pam? Oh,
7 sorry. Angelika, we'll come back to you.

8 MS. MAZANEC: Yes, thank you all for your
9 comment. I'm wondering what will it look like, this
10 involving of family in schools? Mental health and
11 behavioral counseling. I'm just wondering how it is
12 you're going to -- how that's going to look. I mean, is
13 it -- are -- is -- are the school counselors going to be
14 actually counseling entire families, or are these group
15 kinds of presentations for families?

16 MS. HOLMES: Mr. Chair. That is, I think,
17 highly at the discretion of local school boards once they
18 take the money and staff these professionals in terms of
19 how they encourage their professionals to work with
20 parents, if that's using these evidence-based programs,
21 many of which do have parent education components around
22 identifying and preventing substance abuse.

23 I'd ask Sarah just to read the line in the
24 rule that has had the parent addition to it.

25 UNKNOWN SPEAKER: Sure, sorry. I had it



1 (indiscernible)

2 CHAIRMAN LUNDEEN: Yeah, Angelika go ahead
3 and comment while she's looking that up.

4 MS. NEAL: Oh, I think she's ready.

5 CHAIRMAN LUNDEEN: Okay, please proceed
6 then.

7 UNKNOWN SPEAKER: So, the line in rule says
8 that the education provider's plan to use the grant
9 monies, including the extent to which the grant monies
10 will be used to increase the number of school health
11 professionals at recipient secondary schools and to
12 provide substance abuse and behavioral healthcare
13 services at recipient's secondary schools, including
14 screenings, referrals to community organizations, and
15 training for students, families and staff on substance
16 abuse issues. And that -- do you want the number.

17 CHAIRMAN LUNDEEN: What's the cite on that?

18 UNKNOWN SPEAKER: 2.012(b). That's --

19 MS. MAZANEC: And can I ask a follow up?

20 CHAIRMAN LUNDEEN: Please, go ahead.

21 MS. MAZANEC: So, given what you just said,
22 that would still -- all of what you just said is really
23 up to the school districts, the organizations that they
24 refer to, it's all going to be by local school district.
25 Okay.



1 COMM. HAMMOND: That clearly falls in the
2 domain of (indiscernible) control on this particular
3 issue.

4 CHAIRMAN LUNDEEN: So, the root -- let me
5 just kind of follow up, because I'm curious. The root
6 issue trying to get at is to promote the engagement of
7 family, Pam, is what you're seeking? Or we have --
8 because I'm wondering if, in the crafting, you know,
9 because this really is about the approval of a grant
10 application, and so the crafting of the grant application
11 says, hey, we give you bonus points if you're, in fact,
12 engaging family in a significant way. Is that what
13 you're driving at, Pam, trying to get at?

14 MS. MAZANEC: Or if you plan to?

15 CHAIRMAN LUNDEEN: Yeah to --

16 MS. MAZANEC: Yeah. Well, I was actually --
17 I was just trying to draw that -- what it would look like
18 if they're trying to expand the service that they are
19 providing currently in the -- in counseling in school
20 districts. I just wanted to know what that was going to
21 look like per school district, or whether there was an
22 overarching plan for how it would look. So --

23 MS. HOLMES: Mr. Chair.

24 CHAIRMAN LUNDEEN: Please.

25 MS. MAZANEC: I got the answer I was looking



1 for, so it's a political --

2 MS. HOLMES: Okay. I'll just add, its' not
3 really bonus points, it's listed there as a minimum
4 condition of an application.

5 CHAIRMAN LUNDEEN: Okay. Other questions?
6 Dr. Scheffel? Oh, I'm sorry I'm -- forgive me.
7 Angelika, twice passed over, I'm coming to you at this
8 point.

9 MS. SCHROEDER: I do want to ditto my
10 colleague Marcia's remarks. I really appreciate all the
11 speakers coming forward and sharing with us. I have a
12 better understanding. I have a technical question that
13 got me worried a little bit. When you said that you've
14 added in family, and that it wasn't in the law, we have
15 had rules tossed back to us before by --

16 UNKNOWN SPEAKER: I believe the Ledge
17 Council.

18 MS. SCHROEDER: The Ledge Council, so are we
19 at risk on that, do we need to think about requesting
20 something from the legislature in order to ensure that
21 this stays in there? Because it seemed to be your
22 priorities, I think it mirrors ours, to make it a more
23 comprehensive effort. Having known families that have
24 dealt with kids and substance abuse, the parents have
25 some real understanding needs as well. It's very clear



1 to me. But are we going to get into a back and forth,
2 Robert, do you think, or --?

3 COMM. HAMMOND: We've talked about -- go
4 ahead.

5 MS. HOLMES: Mr. Chair, that addition
6 largely came from expertise in the mental health field
7 who have expertise in drug abuse and then -- in drug
8 prevention and have cited evidence around the efficacy of
9 family involvement.

10 We've worked repeatedly with the Governor's
11 Office who essentially is overseeing the distribution of
12 these grant dollars, and they've indicated at every stage
13 that they're comfortable with that addition.

14 MS. SCHROEDER: So, we have an argument to
15 make with -- to -- with Ledge Council.

16 MS. HOLMES: Certainly.

17 COMM. HAMMOND: Mr. Chair.

18 CHAIRMAN LUNDEEN: Please.

19 COMM. HAMMOND: We do, and I think it's a
20 prevailing argument, that from everything we've talked
21 about this it makes sense -- it -- we think it's aligned,
22 and if we are challenged on it, it's -- we can make a
23 case, because it is appropriate.

24 MS. SCHROEDER: Okay. I just wanted to be
25 sure that we were prepared for that. Thank you.



1 COMM. HAMMOND: Uh-huh, but anything, when
2 we go through that process, anything can come back, but
3 we'll have to explain it. And if we do, I think we can
4 prevail on this issue.

5 MS. SCHROEDER: Okay, thanks.

6 UNKNOWN SPEAKER: Mr. Chair, what I would
7 add to that is procedurally Ledge Council works with us
8 as far as the timing and we'll -- and they find
9 (indiscernible) far as the department doesn't believe at
10 this time that they do, there's always time for us to
11 seek a legislative fix.

12 MS. SCHROEDER: Good. Okay, great. Thank
13 you.

14 CHAIRMAN LUNDEEN: Dr. Scheffel.

15 MS. SCHEFFEL: I also wanted to echo thanks
16 for these great presentations. It's so instructive to
17 the issues that are our kids are facing in schools. I
18 just have three clarifying questions, the first is, am I
19 correct that each grant will then define what behavioral
20 healthcare services are offered and how they're offered?
21 Is that right? And so, these are broad outlines, but the
22 local application will define that?

23 MS. HOLMES: Mr. Chair. That's correct.

24 MS. SCHEFFEL: Okay. And then two other
25 questions then. How is the -- how are the grants



1 assessed for effectiveness, or how do we know they're
2 working? I see a couple metrics here, the number of
3 school health professionals hired, the incidents of drug
4 use and whether it decreases or not, maybe the number of
5 trainings. Again, does each grant put forth an
6 assessment plan that is linked to how effective the
7 monies were used?

8 CHAIRMAN LUNDEEN: Please.

9 MS. HOLMES: Mr. Chair, thank you. Yes,
10 they would be able to do their own assessment, and we
11 just would be asking for those at the state level.

12 MS. SCHEFFEL: Those three metrics, okay.
13 And then finally how about the privacy issues on the part
14 of the student and the parents? How is that addressed?
15 Are there any guidelines? I don't see any guidelines in
16 this document.

17 MS. HOLMES: There were no guidelines around
18 privacy in the statute. Certainly districts have policies
19 in place around the privacy of students who are
20 experiencing either just prevention training or direct
21 services, but that's not listed in statute, has not been
22 put into rule, but certainly could be reviewed as part of
23 a grant application.

24 MS. SCHEFFEL: So, does it make sense to add
25 something like that into this -- in these rules, or --?



1 I mean, how does it make its way in for the protection of
2 the kids and the parents?

3 MS. HOLMES: Mr. Chair. At this stage we
4 would add it not in rule, but in the grant review
5 process, which takes place between now and December.

6 MS. SCHEFFEL: So that would be in the RFP.

7 MS. HOLMES: Correct.

8 COMM. HAMMOND: And we can do that.

9 MS. SCHEFFEL: Are there any guidelines at
10 CDE that outline the kind of language that would be in
11 the RFP?

12 COMM. HAMMOND: Yeah, we can do -- we won't
13 collect any -- we're not collecting any personally
14 identifiable information, and it would be at the
15 district, but we can add that protection as a part of the
16 RFP given all the other stuff we have on privacy. I feel
17 comfortable with that.

18 MS. SCHEFFEL: And is it from the lens of
19 protecting kids when that's needed, but also giving
20 parents a window into what's happening? I mean, I don't
21 know how that language looks. Sometimes the parents and
22 the kids are sort of separate, and the parents don't --
23 aren't privy to what's going on. Other times, I mean,
24 there's a judgement call as to whether or not they should
25 be. But the question is how do you think about those



1 privacy issues. Advocating for parent rights, but also -
2 -

3 UNKNOWN SPEAKER: We have to talk about
4 that, because that's pretty much a local control
5 decision, and not -- that particular matter. I mean, we
6 can cover some of that, but it still is up to a district.

7 MS. SCHEFFEL: So, there's no guidelines
8 that would be in the RFP on our end that we typically use
9 on these kinds of grants?

10 UNKNOWN SPEAKER: No. NO.

11 MS. SCHEFFEL: All right, thank you.

12 CHAIRMAN LUNDEEN: Other questions,
13 comments? Elaine?

14 MS. BERMAN: Thank you to all the people who
15 spoke, you really did a superb, powerful job. You were
16 talking about that there are two pots. So, in this pot
17 that we've been allocated 2-million, how big is that pot?

18 CHAIRMAN LUNDEEN: These are the pot pots
19 we're talking about.

20 MS. NEAL: Yes.

21 MS. BERMAN: Oh, yes. Yes, yes, yes.

22 CHAIRMAN LUNDEEN: Just wanted to be clear.

23 UNKNOWN SPEAKER: The opportunity for puns
24 here is --

25 MS. BERMAN: Amount, how big is that amount.



1 MS. HOLMES: Mr. Chair.

2 CHAIRMAN LUNDEEN: Please.

3 MS. HOLMES: I had hoped that Andrew
4 Freedman would be here from the Governor's Office, he's
5 not. Sarah, do you know that number?

6 UNKNOWN SPEAKER: I do not. I know we were
7 allocated 2.5-million. I don't know in -- I don't know
8 how the overall budget went. I believe that they've
9 landed at 16-million, but I would want to double check
10 that.

11 MS. BERMAN: Well, I probably could make my
12 point without knowing the exact number, and hopefully
13 this will get to the ears of Andrew Freeman and others in
14 the Governor's Office. I would strongly urge every,
15 single speaker who came today to get in front of the
16 people that make the decisions about how much money,
17 because in my opinion 2.5-million is not enough. For the
18 work that you have just described, and the importance of
19 the issue and the need that's out there, there should be
20 considerably more marijuana money allocated for this
21 issue. So, I commend everybody, you're doing very hard
22 work, and let's get more money. And I'm fine with the
23 rules.

24 CHAIRMAN LUNDEEN: Okay. Other questions,
25 comments? Okay, so procedure. Let's just make -- I want



1 to make sure that we're all clear on where we're at
2 procedurally. We've got emergency rules in place on this
3 now, so this is bumping forward under those emergency
4 rules. We, as a board, have an option if we're
5 completely comfortable and unanimous at this point, to
6 move at this point. If we'd like another 30 days,
7 there's 30 days baked into the cake, so to speak, on this
8 already. But we want to move forward, or --? Interested
9 in taking --? All right, so let's --

10 (Meeting adjourned)

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C E R T I F I C A T E

I, Kimberly C. McCright, Certified Vendor and Notary, do hereby certify that the above-mentioned matter occurred as hereinbefore set out.

I FURTHER CERTIFY THAT the proceedings of such were reported by me or under my supervision, later reduced to typewritten form under my supervision and control and that the foregoing pages are a full, true and correct transcription of the original notes.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25th day of May, 2019.

/s/ Kimberly C. McCright
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Certified Vendor and Notary Public

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