



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 465</b>		DATE: <b>3/30/2021</b>	
COMMITTEE: <b>Elementary and Secondary Education</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/30/2021 12:19 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I am in Support of this Bill. Some thing needs to be done to reduce Stress and Teen Suicide.**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>BRANDON FENTON</b>		PHONE NUMBER:	
REPRESENTING: <b>THE ASSOCIATED STUDENTS OF THE UNIVERSITY OF MISSOURI</b>		TITLE: <b>LEGISLATIVE DIRECTOR</b>	
ADDRESS:			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65211</b>
EMAIL: <b>bpfk8@umsystem.edu</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/26/2021 4:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Chairman Chuck Bayse and Committee Members, We are writing to you on behalf of the Associated Students of the University of Missouri (ASUM), a non-profit advocacy organization that speaks for the 75,000 students across the University of Missouri System. ASUM rises in support of House Bill 465 for a variety of reasons. In the past year, 57% of college students in Missouri have experienced anxiety and 31% have experienced major depression. Furthermore, 26% of Missouri college students report feeling overwhelmed with stress, and 18% say stress has impacted their academic lives (1). Mental health challenges are known to be primary threats to academic, personal, and professional achievements for students. These mental health issues primarily stem from daily challenges and stressors such as academic pressure, finances, and the new and changing environment of a college campus. In ASUM's 2020 representative UM-System student survey, expanding mental health services is a top priority for students. According to America's Health Rankings, knowing the signs of suicide, creating interventions at all levels, and improving access to mental health resources can be linked to fewer student suicides (2). House Bill 465 provides a solution to the emerging prevalence of mental health concerns and suicide awareness by mandating training related to stress management. This training is beneficial to the faculty members as well as the overall school or university health. Stress management training for faculty is a front-line solution to alleviating student anxiety before those pressures build to insurmountable levels requiring further mental health treatment. For the reasons listed above, ASUM stands in support of House Bill 465. If you have any further questions about the impact this legislation would have on UM System students please reach out to [asum@umsystem.edu](mailto:asum@umsystem.edu) or (660) 973-2421. Best Regards, Austin Cartwright, Georgeann McLemore, Josh Conley Student Advocates



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>EDEN FISHER</b>		PHONE NUMBER: <b>417-448-7426</b>	
BUSINESS/ORGANIZATION NAME: <b>HEALTHY NEVADA</b>		TITLE:	
ADDRESS: <b>212 WEST WALNUT STREET</b>			
CITY: <b>NEVADA</b>		STATE: <b>MO</b>	ZIP: <b>64772</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/30/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>KAYCEE NAIL</b>		PHONE NUMBER: <b>314-630-5709</b>	
REPRESENTING: <b>MISSOURI SCHOOL COUNSELOR ASSOCIATION</b>		TITLE:	
ADDRESS: <b>PO BOX 684</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL: <b>kaycee@penman.group</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/30/2021 8:02 AM</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>LUCAS CONNER</b>		PHONE NUMBER: <b>417-321-7732</b>	
BUSINESS/ORGANIZATION NAME: <b>HEALTHY NEVADA</b>		TITLE:	
ADDRESS: <b>212 WEST WALNUT STREET</b>			
CITY: <b>NEVADA</b>		STATE: <b>MO</b>	ZIP: <b>64772</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/30/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>MICHAEL C. REID</b>		PHONE NUMBER: <b>573-638-7501</b>	
REPRESENTING: <b>MISSOURI SCHOOL BOARDS ASSOCIATION</b>		TITLE:	
ADDRESS: <b>200 MADISON STREET, SUITE 320</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/30/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>MIKE WOOD</b>		PHONE NUMBER: <b>800-392-0532</b>	
REPRESENTING: <b>MISSOURI STATE TEACHERS ASSOCIATION</b>		TITLE:	
ADDRESS: <b>P.O. BOX 450</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65205</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/30/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>OTTO FAJEN</b>		PHONE NUMBER: <b>573-634-3202</b>	
REPRESENTING: <b>MISSOURI NATIONAL EDUCATION ASSOCIATION</b>		TITLE:	
ADDRESS: <b>1810 EAST ELM STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>PATRICIA BRIDGEWATER</b>		PHONE NUMBER: <b>417-549-0572</b>	
BUSINESS/ORGANIZATION NAME: <b>HEALTHY NEVADA</b>		TITLE:	
ADDRESS: <b>P.O. BOX 177</b>			
CITY: <b>NEVADA</b>		STATE: <b>MO</b>	ZIP: <b>64772</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/30/2021 12:00 AM</b>	

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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>PHYLLIS LECURU</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>lecuruap04@aol.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/30/2021 7:33 AM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>SCOTT KIMBLE</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI ASSOCIATION OF SCHOOL ADMINISTRATORS</b>		TITLE:	
ADDRESS: <b>3550 AMAZONAS DRIVE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65109</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>TOREE BEISLEY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>3/30/2021 12:00 AM</b>
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