

Questions and Responses Document for LD 1168

January 16, 2020

Q: Is someone in the Department tracking the actual individuals that are trained in trauma informed instruction and who is not?

A: The Department has the registration information for school teams registered to attend the Trauma Informed Readiness and Response Planning professional learning session on January 24, 2020. Attached you'll find a scatterplot map detailing the regions of the state planning to attend. As mentioned during last week's hearing, districts are sending teams to the upcoming strategic planning events. During the session, the Department will provide tools to districts to begin crafting plans to ensure all staff members receive trauma informed practice professional learning.

Q: Section 1, Part 1 of the Resolve states that the certification rules will establish training hours in trauma and the effect of trauma on learning and behavior? Will this occur for both initial professional and renewal of endorsement?

A: The Department will be undertaking consensus rulemaking in 2020 to significantly revise the Chapter 115 rules for Credentialing of Education Personnel. The training hours in trauma and the effect of trauma on learning and behavior will be considered during the rulemaking process.

Q: The report states, "The Department is drafting a resolution and will be proposing adjustments to the funding formula and the funding levels that are reflective of the recommendations in the report back." Will this be a change to the funding formula by statute or resolve? What about interventions?

A: In March of 2019, MEPRI completed the most recent statutory EPS component review of staff ratios. In that report, MEPRI found that actual student to counselor (includes guidance and social worker positions) ratios were lower the EPS model at middle and high schools, with differences between low, average, and high poverty schools. Actual ratios at elementary schools are at, or above the EPS model. At that time, 45% of the statewide positions were funded via GPA with the remaining 55% funded through other resources (i.e. Title I, Title IV, Local Entitlement, or other non-general fund resources). The report cited the concern that there was a growing need to support students with social and emotional needs that merits additional investigation. MEPRI is slated to review this component again in 2021 and the Department may direct MEPRI to focus more in-depth analysis on this component for recommendation on language to be introduced as a funding bill.

Schools will continue to use a multi-tiered system of supports to address the social, emotional, and behavioral needs of students.

Q: The report states, "a third of students in Maine have experienced trauma that impacts their education?" Does this mean that over 60,000 students are impacted by trauma, and in what age spans? Are there concentrations?

A: The data provided in the report is reflective of national and state averages related to Adverse Childhood Experiences (ACEs).

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being.

The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors. The ACE score is the total sum of the different categories of ACEs reported by participants. Study findings show a graded dose-response relationship between ACEs and negative health and well-being outcomes. This means that the higher the score is, the more severe a person's physical health.

Source:

- *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults; The Adverse Childhood Experiences (ACE) Study*
Vincent J Felitti MD, FACPA*, Robert F Anda MD, MSB, Dale Nordenberg MDC, David F Williamson MS, PhD, Alison M Spitz MS, MPH, Valerie Edwards BAB, Mary P Koss PhD, James S Marks MD, MPH

MIYHS:

The Maine Integrated Youth Health Survey has included 8/10 ACE score specific questions in their high school survey. The 2019 report has just been released and details are as follows:

Out of 3,856 high school students surveyed from across the state, 21.3% report having experienced 4 or more ACEs. As even one ACE represents a possible traumatic experience and that students with a score of three or more ACEs are significantly more likely to experience depression or anxiety, suicidal thoughts, isolation and engage in substance use, as well as have lower graduation and high incarceration rates. We know that ACEs are common and impact children at all ages, though disproportionately affect minority and LGBTQ students. The 2019 data set is unavailable yet as to the number of students who report one or more ACEs. [The 2017 survey](#) states that more than 2/3 of the students surveyed report one or more ACEs.

Q: Is peer mentoring a part of the January 24th and ongoing training?

A: Individual schools will determine what is within their capacity to address the unique needs of their school. Peer mentoring programs will be discussed during the upcoming training sessions. It will be up to the schools to include programming and interventions that best meet their unique needs.

Q: Can consideration be given for online only training to be provided

A: The Department will continue to provide both in-person and virtual training and make this determination based on session content and regional needs.

Trauma Conference

January 24, 2020

Attendees: Light blue

Wait List: Dark Blue

