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# **Maine Children's Growth Council**

**2015-2016**

## **Report to the Governor and Maine Legislature**

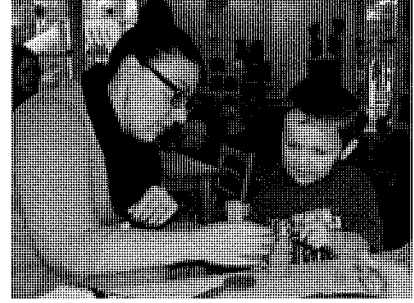
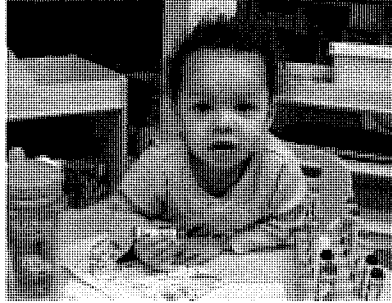


**MAINE CHILDREN'S  
GROWTH COUNCIL**

*A Voice for Early Childhood*

January 2017





## **2015-2016 Report to the Governor and Maine Legislature Maine Children's Growth Council**

January 2017

The Maine Children's Growth Council is pleased to submit this Report to the Governor and the joint standing committees of the Legislature having jurisdiction over health, human services, taxation and education matters, as required in Maine Revised Statutes, Title 5 Administration Procedures and Services, Chapter 621: Maine Children's Growth Council. Section 24002 Duties.

We are pleased to report on our activities and accomplishments over the past two years.

### **I. Overall Goal of the Council**

The Council was created "to develop, maintain and evaluate a plan for sustainable social and financial investment in healthy development of the State's young children and their families."

### **II. Summary of Key Activities and Accomplishments**

- **Completed drafting policy recommendations as part of the Council's Social and Emotional Learning and Development of Maine's Young Children (SELD) Study:** Completed a year and a half study requested by the Legislature and the final report and policy recommendations will be presented in the near future. *(See Section III below.)*
- Participated in 2015 in the first bi-annual **Maine ACEs Conference: Thriving Maine Communities** in Northport, hosted by the **Maine Resilience Building Network (MRBN)** with other statewide partners. MRBN grew from early work accomplished by the Council's Health Accountability Team. *(Note ACEs stands for Adverse Childhood Experiences.) (See Section IV 2. and the attached full MRBN Report for more details.)*
- **Increased the rates of developmental screening for children birth to age three from 2011 MaineCare baseline data from less than 3% to over 21%, surpassing target of 20%,** a project that began with the Council's Health Accountability Team and expanded to

become the Developmental Systems Integration (DSI) Project under the leadership of Maine Quality Counts. *(See Section IV 3. below.)*

- **Helped launch with the DSI Project a study on implementing *Help Me Grow* model in Maine**, and the DSI Project recommended 15 key points for implementation in a final report released in August 2016. This effort is funded through a contract between the Maine Center for Disease Control and Maine Quality Counts. *(See Section IV 3. below.)*
- **Hosted two *Bridging Professional Development Across Early Care and Education Sectors* events and follow-up webinar**. The purpose was to engage Maine professional development stakeholders in learning about models of integrated professional development systems and to explore Maine's vision for an integrated system. *(See Section V below.)*
- **Published White Paper on Parent Education in Maine** in partnership with the University of Maine. *(See Section VI below.)*
- **Hosted a Legislative Reception on February 23, 2016** with guest speakers from Maine State Chamber of Commerce, Maine Chiefs of Police Association, and Maine Sheriffs' Association. *(See Section VII below.)*

***Please note that the Growth Council does not have any paid staff or state funding, and has benefited from significant in-kind supports from the Maine Children's Alliance, national and Maine partners, and each of the members of the Council, the Council's committees, the Council's Team members, and the SELD Ad Hoc Committee. In addition, Council Committees have expanded their work with foundation supports for collaborations that first began at the Council, such as the Maine Resilience Building Network (MRBN). We thank our many partners!***

The following sections provide more details on the activities of our Task Groups and Accountability Teams, and more information about the accomplishments of the Growth Council.

### **III. Social and Emotional Learning and Development of Maine's Young Children (SELD)**

1. **Background:** On June 30, 2015, the Legislature's Joint Standing Committee on Education and Cultural Affairs requested that the Department of Education and the Maine Children's Growth Council collaborate to establish an Ad Hoc Committee to examine the social emotional learning and development of Maine's young children. The Ad Hoc Committee first met in August 2015, and this study was made possible by significant in-kind contributions from the **Maine Children's Alliance** in partnership with national experts at **The Ounce of Prevention Fund, National Center for Children in Poverty, and ZERO TO THREE.**



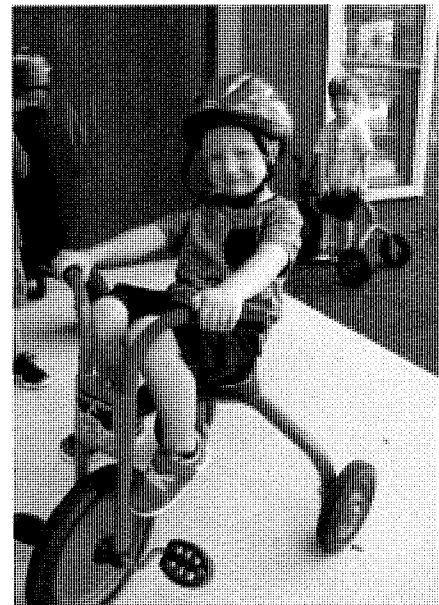
2. **Maine Survey Completed:** SELD with its national partners developed a Maine Survey whose results confirmed our hypothesis that serious challenging behaviors were on the rise in Maine, disrupting a child's learning opportunities and ultimate success in school. These behaviors<sup>1</sup> were validated by 92% of survey participants (N=474).
3. **National Models and Research:** Our national partners provided expertise, models from other states, and research to inform the Ad Hoc Committee's work. As a part of the project, the Ad Hoc Committee gathered information and data on the following six policy areas:
  - a. Early Childhood Professional Development
  - b. Parent Engagement
  - c. Early Childhood Mental Health Consultation
  - d. Early Childhood Screening and Assessment
  - e. Early Childhood Suspension and Expulsion
  - f. Early Childhood Special Education

Copies of the report on these topics, printed in September of 2016, is available from the Maine Children's Alliance.

4. **Policy Recommendations:** The SELD final Report including Policy Recommendations is being finalized at this time. Representatives of the Maine Children's Growth Council, the SELD Ad Hoc Committee, and our national and local consultants will present the final Report to the Education Committee and others in the near future.

#### **IV. Health Accountability Team (HAT)**

1. **Background:** Chaired by Council member Sue Mackey Andrews, the HAT has helped to launch a number of successful initiatives in Maine that have become their own projects with positive outcomes across the state. The Council's approach to improving the outcomes for children, youth and families is predicated upon our model to first identify key challenges for child and family health and well-being, to identify who (if anyone) is currently working on a selected issue, and to define the role of HAT to monitor, support, or lead if no one else is doing this work. After an 18 month investigation period, the HAT in 2009 identified two issues as their primary focus:



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<sup>1</sup> Defined as repeated patterns of behaviors that interfere with the child's ability to play, learn, and get along with others.

**(1) Adverse Childhood Experiences (ACEs) and  
(2) Ensuring Comprehensive Development Screening and Referral for Children 0-5  
years old.**

Both of these issues moved forward with grant funding that supported a series of surveys designed to help the HAT better understand the issues.

2. **Maine Resilience Building Network (MRBN) and Adverse Childhood Experiences (ACEs):** MRBN was founded in 2012 through the efforts of the Health Accountability Team in response to a statewide survey focused on respondent knowledge about ACEs. A complete report on the activities and accomplishments of MRBN is attached. MRBN membership has grown steadily and currently has 696 members, with approximately 75 members attending the quarterly meetings.

Over the past four years, MRBN has provided outreach, engagement, trainings and support activities to 12,770 unduplicated participants across multiple sectors and in all 16 Maine counties. The majority of MRBN's efforts are provided through some private foundation grants and considerable in-kind contributions by some of its members. It receives no state or federal funds.

Accomplishments over the past two years include:

- Provided 88 professional development sessions on ACEs and their potential lifelong impact upon individuals as well as six (6) ACEs Summits and six (6) "Bring It On" follow-up skill building sessions.
- Provided 116 technical assistance sessions statewide to precede or follow training sessions.
- Facilitated 61 screenings of the ACEs documentary *Paper Tigers* and seven screenings of the new documentary *Resilience*, along with facilitated debriefing sessions for participants.
- Provided four sessions of self-care training to address burn-out prevention and secondary traumatic stress.
- Participated in a series of collaborative statewide conferences, including topics around healthcare, children and youth opportunities, adult learnings, and to the **Maine Opiate Collaborative**.
- Co-hosted three legislative meetings focusing on trauma-informed services, ACEs and resilience.
- Hosted with other statewide partners the **2015 Maine ACEs Conference: Thriving Maine Communities** in Northport with national speakers, researchers, and highlighting Maine initiatives. A total of 256 individuals attended this two-day event with outstanding evaluations.

MRBN plans for the future include a second Maine ACEs Conference in fall of 2017; continuation of trainings, technical assistance, screenings of ACEs documentaries, and other outreach and collaborations; and development of **Trauma-Informed/Resilient Maine: Blueprint Development** in partnership with the Community Caring Collaborative in Washington County, THRIVE, Maine Behavioral Healthcare, University of New England, and Maine Quality Counts.

3. **Developmental Systems Integration (DSI):**

Two surveys were conducted in 2010 focused on developmental screening for children ages 0-5 which helped to identify a series of issues ranging from terminology, instrumentation, fidelity and ultimately, referral for those children with identified needs.

Through a partnership in shared outcomes, the Developmental Screening Initiative (DSI) was created and led by Maine Quality Counts. A successful partnership over the past 3-4 years has supported an interdepartmental initiative that has successfully piloted common 0-3 screening tools and referral practices to include data collection. Accomplishments include:



- The rates of developmental screening for children birth to age three from 2011 MaineCare baseline data increased from less than 3% to over 20% at the health care practice level, surpassing the target of 20%.
- Equally important were the development of protocols for sharing information across the early childhood provider community including primary health care, and "closing the loop" which helps to ensure that the referral happens and, if eligible, the child/family actually receives the intended service at the proper dosage.
- In 2015, DSI funded three Developmental Screening Community Initiatives in the Bangor, Waterville and Mid-Coast regions as a way to test the coordination of efforts to improve developmental screening protocols and practices between medical practices, Early Head Start, Maine Families Home Visiting, Public/Community Health Nursing and Child Development Services.
- In 2016, DSI provided technical assistance to another community initiative starting in Cumberland County.
- In 2015, Maine became a Help ME Grow (HMG) Affiliate state. DSI convened four (4) sub-groups to explore HMG in Spring 2016 with approx. 10 participants each: Child Health Care Provider Outreach, Community & Family Engagement, Centralized Access Point and Data Collection and Analysis. Sixteen (16) meetings



were held with over 320 hours of time from participants. The DSI has recommended 15 key points for consideration of HMG state implementation in a final report released in August 2016.

#### 4. Current priority areas for HAT:

- Expand the successful DSI initiative to include developmental screening for children ages 3-5.
- Assist in implementing Help ME Grow in Maine, in partnership with 2-1-1 Maine. This project offers a tremendous opportunity to provide linkages and support to families, practices, early care and education providers and others engaged in the improved early identification, referral and service delivery for children starting at the prenatal period. This work is closely integrated with the Council's Social and Emotional Learning and Development project (SELD).
- Supporting the Council on shepherding the work on social/emotional development that has been led by the Maine Children's Alliance and their federal partners.
- Obtaining a better understanding about the number and scope of children identified with serious mental health disorders, and obtaining data on the percentage of these children with prescription psychotropic medications.
- Continuing to monitor the referrals and receipt of services for children identified with developmental delays or disabilities ages 0-5 by Child Development Services.

HAT also is exploring merging HAT with the Me-CHIP Partnership to reduce duplication and maximize the impact of our cross-sector partnership. This is consistent with the philosophy of the MCGC to embed our work in existing structures to ensure their sustainability and success.

## V. Professional Development Alignment Team (PDAT)

1. **Background:** This committee is jointly chaired by Sonja Howard, Director of Maine Roads to Quality Professional Development Network and Susan Reed, Early Childhood Consultant at the Maine Department of Education. As a subcommittee of the Maine Children's Growth Council, it was created to bring together representatives from varied systems and sectors involved in professional development activities. The PDAT goals are:

- To integrate the early childhood professional development systems in Maine – birth through age 8, focusing on professional



development/education/credentialing, training and technical assistance.

- To determine a common place to post these trainings and best venue(s) for statewide access these services.

A number of activities took place during this period.

## 2. Accomplishments:

The PDAT met 12 times during this period and accomplished the following:

- Adopted a shared definition of Professional Development as defined by *Early Childhood Professional Development: Training and Technical Assistance Glossary*, National Association for the Education of Young Children & National Association of Child Care Resource and Referral Agencies, 2011.
- Completed an inventory of current training and technical assistance initiatives offered by PDAT members.
- Developed a PDAT Cross System Plan for Technical Assistance Logic Model (Draft).
- Developed a PDAT Resource Bank with current professional development information and resources.
- Developed a PDAT Google Group. Initially this group is open to PDAT members with the goal to expand to broader stakeholders. The Google group provides one avenue to share information, discuss professional development needs and issues, and to create opportunities to connect professional development activities. A link to a statewide Professional Development Calendar, building on the current MRTQ PDN Training Calendar, will be added.
- Assisted in the development of *Technical Assistance Competencies for Maine's Early Childhood Workforce* Field Test Draft (June, 2016).

The PDAT engaged early childhood professional development stakeholders from across Maine in a series of activities, communications and events;

- **Outreach** - surveyed over 100 stakeholders known to provide professional development to Providers/ Teachers working with children ages birth to age 8 and their families. Results were analyzed and contacts established to include in future planning events.
- **Hosted a Stakeholder Event - *Bridging Professional Development Across Early Care and Education Sectors***. The purpose was to engage Maine professional development stakeholders in learning about models of integrated professional development systems and to explore Maine's vision for an integrated system. The event was facilitated by National expert, Sarah Lamoine, Director of Early Childhood Workforce Innovations at Zero to Three.

- **Developed a** follow-up webinar and viewing guide to share information recorded during the *Bridging Professional Development Across Early Care and Education Sectors* event.
- **Hosted a Follow-up Event - Bridging Professional Development Across Early Childhood Sectors Part II** on June 26, 2015. The purpose was to re-engage stakeholders to continue the discussion about an integrated system in Maine and to hear examples “from the field” of current integrated early childhood professional development activities.

## VI. Family Committee

1. **Background:** Chaired by Council member Jan Clarkin, Executive Director of the Maine Children’s Trust, this committee meets as needed on work projects identified as priority areas of interest. Some issues are simply monitored; for others the committee assumes a role in convening, leading, participating or initiating.



2. **Accomplishments:**

- Completed a white paper on **Parent Education in Maine**, prepared in partnership with the University of Maine.
- Continue to lead the efforts to expand the **Strengthening Families** protective factor training and development throughout Maine. Currently offers a free 15 hour training in Strengthening Families and offers a wide array of trainings throughout Maine.
- Assisted in implementing the evidence-based **Period of PURPLE Crying Shaken Baby Syndrome prevention program**, currently in 100% of Maine birthing facilities and supported through all of Maine Families Home Visitors, Public Health Nursing and other community partners. The Child Abuse prevention councils are all providing training in this program and on this topic statewide.
- Developed and is delivering **protective factor development training** to child care providers throughout Maine, in conjunction with Maine Roads to Quality.
- Helped create an **infant safe sleep coalition** that convenes regularly to address infant injury and death due to unsafe sleep practices.
- Established a **Cribs for Kids chapter in Maine** which provides free pack-n-play cribs to families that would otherwise have their infant in an unsafe sleep situation.

3. **Current priority areas for this committee:**

- Develop a Virtual Parent Education delivery system - Maine Parents’ Place.
- Expand community support for the Period of PURPLE Crying.
- Expand an infant safe sleep campaign.
- Expand training and education around the protective factor development.

## VII. **Communications Committee**

1. **Background:** This committee, chaired by Council Member Karen Heck, focused initially on sharing information with business leaders and legislators around early brain development and the case for investments in young children and families. The Committee developed a brochure and banners to highlight the brain research during public speaking events, and developed sets of *Early Childhood Facts* that were distributed during the legislative sessions to each Legislator to inform legislators about the importance of early childhood investments.
2. **Accomplishments:**
  - Hosted a Legislative Reception on January 13, 2015.
  - Hosted a Legislative Reception on February 23, 2016 with Guest Speakers Dana Connors, President of the Maine State Chamber of Commerce, Bath Police Chief Michael Field, Chair of Maine Chiefs of Police Association, and Sagadahoc Sheriff Joel Merry, Chair of Maine Sheriffs' Association.

Below is additional information concerning the Maine Children's Growth Council.

## VIII. **Research that Underpins the Council's Work**

The Council members rely on a number of Maine and national studies to inform our work and our recommendations to the Governor and Legislature. The primary sources of research include:

- **Brain research and other national science studies** compiled by the Harvard Center for the Developing Child. <http://developingchild.harvard.edu>
- **Economic Study in Maine:** [PATH TO A BETTER FUTURE: The Fiscal Payoff of Investment in Early Childhood Development in Maine](http://www.mekids.org/assets/files/policy/Final%20Trostel%20report.pdf), Philip Trostel, Margaret Chase Smith Policy Center and School of Economics, University of Maine, April 2013. <http://www.mekids.org/assets/files/policy/Final%20Trostel%20report.pdf>

## IX. **Who is represented on the Council**

The members are appointed by the Governor, the President of the Senate, and the Speaker of the House. Members represent the Legislature, the Governor, the Attorney General, parents, philanthropy, child abuse and neglect prevention, postsecondary education, statewide association of business and industry, statewide organizations that advance the well-being of young children and their families, and three ex-officio nonvoting members representing the Department of Education and the Department of Health and Human Services.

*Respectfully submitted by Peter Lindsay, Co-Chair of the Maine Children's Growth Council, and Director of Community Impact & Success By 6 at United Way of Mid Coast Maine. For more information, contact Peter Lindsay at [plindsay@uwmcm.org](mailto:plindsay@uwmcm.org) or 207-443-9752.*

*Photos are courtesy of Coastal Kids in Damariscotta.*



## **Attachment: The Maine Resilience Building Network (MRBN) Report**



### **The Maine Resilience Building Network (MRBN) December 2016**

The Maine Resilience Building Network (MRBN) is a robust network of individuals and organizations throughout Maine working to provide cross-sector education about Adverse Childhood Experiences (ACEs)<sup>2</sup> and promote strategies at the local level to foster resilience. MRBN was founded in 2012 through the efforts of the Health Accountability Team of the Council in response to a statewide survey focused on respondent knowledge about ACEs.

**Our Mission is to promote resilience in all people by increasing understanding of the impacts of traumas and stressors such as Adverse Childhood Experiences and the importance of protective factors like positive relationships. We aim for a comprehensive, cross-sector, and systematic approach to foster education, awareness and action.**

#### **Background:**

ACEs affect more than 53% of Maine children and youth and include trauma in one of three major areas: abuse, neglect and household circumstances (poverty, domestic violence, alcohol/substance use, child abuse/neglect, mental illness/depression, incarceration of a parent, or loss of a parent through death, divorce, etc.). Adversity in one generation often leads to adversity in the next.

We know, through the science and experience, that ACEs can affect a myriad of human conditions - health, well-being, educational and workforce readiness and success, substance use disorder, domestic violence and the economic wellbeing of individuals, families, communities and the state in general. We also know through research that unattended ACEs can sometimes lead to an early death if not addressed.

Resilience can provide a measure of “psychosocial immunity” to adversity and is built by positive caring relationships that can be addressed at home, at school, in the primary care office, through service providers, etc.

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<sup>2</sup> <https://www.cdc.gov/violenceprevention/acestudy/index.html>



plan for next steps. Over the past 24 months, 116 technical assistance sessions have been provided statewide.

Two documentaries have been developed by Jamie Redford featuring the ACEs science. ***Paper Tigers*** features four students attending an alternative high school in Walla Walla, WA and illustrates the outcomes when implementing a trauma-informed approach to supporting students. Film Screenings and Facilitated Debriefings in Maine over the past 24 months total 61 provided by MRBN, with other screenings conducted independently through MRBN partners. The most recent documentary, ***Resilience***, is relatively new and focuses more on the science of ACEs with a wide-ranging set of examples of successful interventions. MRBN has facilitated seven (7) screenings of this documentary in 2016 with many more planned in 2017.

The important challenge to professionals working with individuals with significant ACEs focuses on addressing burn-out prevention and secondary traumatic stress. This self-care training is offered through our partnership with Maine Behavioral Healthcare and THRIVE. Over the past 24 months, four (4) sessions have been provided with many more anticipated in 2017.

***Together, over the past four years, the total impact of these outreach, engagement, training and support activities have been provided to 12,770 (unduplicated) participants across multiple sectors and in all 16 Maine counties.***

Further, the **MRBN's philosophy and practice to work collaboratively, across multiple sectors**, is evidenced through a series of collaborative statewide conferences and presentations across a wide range of relevant topics:

- Healthcare (e.g., Quality Counts, Maine Medical Center, Maine Chapter of the American Academy of Pediatrics, Maine Association of Psychiatric Physicians, Maine Association for Infant Mental Health);
- Child and youth focused opportunities (UMaine Upward Bound, Positive Youth Development Institute, Maine Principals Association, Maine School Counselors Association);
- The Maine Opiate Collaborative where we had the honor of providing one of three presentations to the Maine Opiate Collaborative (an initiative between Senator King, US Attorney General T. Delahanty and Maine Attorney General J. Mills); as well as
- Participation in the One Life Youth Initiative (hosted by the Bangor Daily News, US Attorney General Tom Delahanty, Maine Attorney General Janet Mills) including 165 high school students from all over Maine gathered in Bangor to talk about addiction, anxiety, and the challenges and opportunities we face in focusing on prevention at the middle and high school level related to opiate and other substance use disorders.





MRBN also partnered to co-host three legislative meetings focusing on trauma-informed services, ACEs and resilience and plans to continue these annual opportunities.

With the support of The Bingham Program, MRBN and partners hosted the 2015 *Maine ACEs Conference: Thriving Maine Communities* at Northport with national speakers, researchers and Maine initiatives. We anticipate that this will become a biennial event with a repeat conference in the Fall 2017. A total of 256 individuals participated in this two-day event with outstanding evaluations.

Our efforts to embed ACEs-informed education and resilience promotion strategies within existing local and statewide organizations have been magnified through a multiple-party grant from the John T. Gorman Foundation to support the development of a ***Trauma-Informed/Resilient Maine: Blueprint Development*** between MRBN, the Community Caring Collaborative (Washington County), THRIVE, Maine Behavioral Healthcare, University of New England and Quality Counts.

MRBN has created and piloted an early childhood ACEs/Resilience 2.5-3 hour training and will be setting this up with Maine Roads To Quality (MRTQ) to disseminate through their Professional Development Unit for credit hours towards certification.

MRBN also participates in the quarterly meetings led by Quality Counts to promote ACEs, trauma informed practice, resilience screening and protocols for referral, treatment and provider training in pediatric health care settings in Maine.

Recognizing the essential need for data informed decision making, MRBN works with the Maine Centers for Disease Control and Prevention (CDC) to utilize two critical sources of data related to ACEs and their relationship to positive health outcomes, school success and workforce readiness:

- Maine CDC-Behavioral Risk Factor Surveillance System (BRFSS) to monitor Maine ACEs data collected in 2010, 2011
- Maine Integrated Youth Health Survey (MIYHS) is a key source of student-reported data in multiple topic areas including, but not limited to, suicidal ideation, community involvement, safety, bullying, etc.

Dating back to 2013, MRBN has early on participated in the **national level** being conducted - largely through the Robert Wood Johnson Foundation - on ACEs education and resilience promotion. MRBN was one of six states invited to send a team to the First National ACEs Summit held in Philadelphia in 2013, and provided two major presentations to more than 250 participants from the state and federal government level.

Maine is a recognized member of the National Collaborative on Adversity and Resilience (NCAR) and was a featured state in the Community Resilience Cookbook (<http://communityresiliencecookbook.org/>)

We were also invited send a partner team to work and present to the San Francisco County Public Health Department, as well as making a major presentation to the John Jay College of Criminal Justice focused on trauma informed reporting. We have an on-going and robust partnership with the ACEs CONNECTION, the international website for resources, networking and research promotion about ACEs.<sup>5</sup>

We also provide technical assistance to several states and communities working on implementing similar initiatives, including four (4) MARC<sup>6</sup> sites via conference calls.

Most recently in October 2016 we attended, upon invitation, the New England Rural Healthcare Conference and gave a presentation about the Maine Resilience Building Network.

MRBN's partnerships extend to **Maine's post-secondary community** with research and training efforts with the Muskie School of Public Service/University of Southern Maine, UMaine School of Social Work (2015 Public School Survey, 2016 Foster Parent Survey). Husson University (2014 Maine ACEs Survey student support), University of New England Allied Health Collaborative, and the Quality Counts Adolescent Health Improvement Initiative.

**Reaching Teens Update** - In October 2016, the MRBN sponsored two one-day seminars in Bangor and Freeport featuring Dr. Ken Ginsburg. He presented on "Our Kids Are Not Broken: Resilience in Action." He challenged over 360 participants to examine their assumptions, observations, reflections about and interactions with children, youth and families and focused on both theory and practical skills for fostering the internal resilience of children and youth.

In November 2016, the MRBN partnered with Maine Quality Counts and the American Academy of Pediatrics to bring Dr. Ginsburg back for a 2-day institute on the **Reaching Teens® Tool Kit**. 157 people from a cross-section of providers from around the state formed 27 teams of 1-20 participants to attend the institute. The Betterment Fund provided scholarships that support 9 rural teams either partially or in full to attend. The John T. Gorman Foundation support ten (10) members of the Waterville Public School system to attend. These teams have committed to working together for 18-24 months learning and implementing the **Reaching Teens® Tool Kit**. A second Institute will be planned to accommodate approximately 200 individuals on the waiting list for this opportunity.

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<sup>5</sup> <http://www.acesconnection.com>

<sup>6</sup> Mobilizing Action for Resilient Communities with leadership from the Health Federation of Philadelphia, funded by the Robert Wood Johnson Foundation <http://marc.healthfederation.org/>

The **Reaching Teens® Tool Kit** is an online resource that prepares professionals to apply the principles of positive youth development and resilience to guide youth towards healthy behaviors and wise decisions. The Tool Kit has been made available to the participating teams and contains 69 modules of learning in addition to 445 cloud-based films to support learning. Teams will engage in multiple levels of learning: self-learning, shared learning (team meeting together), distributed learning in each organization and with the community (sharing learning). The MRBN will be following up with these teams and providing technical assistance, as requested, as well as their participation in a quarterly evaluation component to chart their progress in their work plan.

**MIYHS update** - The Maine Integrated Youth Health Survey (MIYHS) was first administered in 2009 and is offered in February of odd-numbered years. The MIYHS is the result of collaboration between the Maine Department of Health and Human Services and the Maine Department of Education. Its purpose is to quantify the health of Kindergarten and Grade 3 students through parent interviews, and the health-related behaviors and attitudes of 5th through 12th graders by direct student survey.

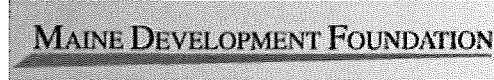
A new ACEs question has been added to the 2016-17 survey at middle and high school levels. Through our partnership with the CDC, participating school districts will be trained in how to use the data to respond to the needs of their students by examining data reflecting student responses to a variety of questions across multiple health and well-being topics, including one new question focused on adverse experiences. There are also other questions that touch upon various aspects of resilience, including "I feel like I matter to people in my community." In addition, in the new year, data will be searchable by county, health district and school as well as by gender, race/ethnicity, grade and sexual preference. The inclusion of these data will increase awareness of the prevalence of ACEs and statewide efforts toward building resilience.

These data will also be used to evaluate a variety of MRBN initiatives, including the Reaching Teens Tool Kit implementation.

**MRBN Leadership Team update** - The Leadership Team (LT) of MRBN meets monthly to chart out the cultivation of our shared-leadership model for moving the MRBN work forward. The LT is beginning to take on responsibility to organize MRBN quarterly meetings as part of this transition. Further, LT members worked together in both Ginsburg events and hosted, facilitated, and networked with attendees. Future projects include establishing the Reaching Teens Technical Assistance protocol, and continuing the work to seek foundation and other grant funds for Network financial sustainability.

In closing, the MRBN is grateful to the Maine Children's Growth Council for leading and supporting the early work focused on ACEs. We are committed to continuing this work

throughout Maine through our partnerships with local communities, agencies, organizations and practices as well as with state agencies. While there are other states implementing ACEs-related initiatives, Maine is the only state implementing this work statewide, across sectors and without state or federal financial support.



**THE BETTERMENT FUND**

