MaineHealth

Testimony of Aurora Smaldone, JD
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In Support of LD 1168
“Resolve, To Improve Maine's Response to Childhood Trauma”
April 9, 2019

Senator Millett, Representative Kornfield, and distinguished members of the Joint Standing Committee on Education and Cultural Affairs, my name is Aurora Smaldone and I am a Project Director in the Department of Clinical Innovation within Maine Behavioral Healthcare, and I’m here today to testify in support of LD 1168, “Resolve, To Improve Maine’s Response to Childhood Trauma.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes Maine Behavioral Healthcare, is committed to creating a seamless system of behavioral healthcare across Maine, and has made significant investments in the best practice models for education, prevention, screening and treatment of Adverse Childhood Experiences (ACEs).

Over the past six years I have directed several federally funded projects aimed at preventing and addressing childhood trauma in Maine. Through this work, we have trained service providers throughout the state on trauma, including over 2,000 educators, administrators, and school staff within the last two years alone. Prior to joining Maine Behavioral Healthcare, I was a teacher myself.

Trauma-responsive education systems are critical to the health of our community. Learning how to overcome challenges is an important part of healthy child development. But dangerous, chronic, or prolonged adversity – such as physical or emotional abuse, neglect, caregiver substance abuse or mental illness and exposure to violence – can take a lifelong toll on an individual’s physical and mental health. This is because when a young child’s stress response is continually activated, brain and organ development may be disrupted, and the risk of stress-related disease and cognitive impairment increases. Without intervention, repeated childhood trauma can affect the brain and nervous system and increase health-risk behaviors such as smoking, eating disorders, substance use, and high-risk activities. Research shows that those of us who experience trauma in childhood are also more likely to have long-term health problems including diabetes and cardiovascular disease, or to die prematurely. Traumatic stress is also correlated with increased involvement with the child welfare and juvenile justice systems. Finally, survivors of traumatic events in childhood may have difficulty establishing fulfilling relationships and maintaining employment as adults.

In Maine, nearly 25% of all children have experienced two or more adverse experiences, including socioeconomic hardship, death of a parent, incarceration of
a parent, and experiencing a significant level of violence. According to the 2019 Maine Kids Count Data Book, in a hypothetical class of 25 first graders in Maine: six students have experienced two or more ACEs, two students live in poverty and two students were born drug exposed. In addition, one student in every four classrooms will experience child abuse in a given year.

Schools play a pivotal role in supporting our state’s most vulnerable children. Educators, schools staff, and administrators are the very first line of defense in the effort to mitigate and address the impacts of trauma on our children. This is why it is critical that our schools are equipped with the knowledge, skills, and training to create a trauma-responsive school environment for children. We have built a tremendous capacity within MaineHealth to treat children exposed to trauma, but children and families need to be referred. Too often schools are missing from this equation. Teachers and school administrators lack the financial resources and the time to train staff and screen and refer children. This bill would allow school systems to boost their support for children exposed to trauma.

Given our expertise in child trauma, and our experience working with systems to better serve children and families impacted by trauma, MaineHealth would enthusiastically participate on the task force on childhood trauma response guidance contemplated by LD 1168.

For the reasons above, I urge the Committee to vote Ought to Pass on LD 1168, “Resolve, To Improve Maine’s Response to Childhood Trauma.” Thank you for your time and I would be happy to answer any questions you may have.