

Adult Education



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Utah State Office of Education

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Adult Education

Description of Section Functions

The USOE, through grant processes, provides school districts and qualified non-profit community based literacy programs funding and technical assistance for:

1. The advancement of basic literacy skills, English acquisition, and high school and/or GED completion instruction;
2. Post-secondary, career awareness and transition services to qualified persons 16+ years of age.
3. Working partnerships to meet the education needs of clients served by mandatory partners - Department of Workforce Services (DWS) and Office of Rehabilitation (USOR).

Instructional Services Provided

1. Basic literacy instruction to qualified students who are academically below the 9.0 grade level in reading, math or written language;
2. English as a second language and civics instruction to non-native English speakers
3. Adult Education Secondary Diploma completion or General Education Development (GED) test preparation instruction

Funding Sources

1. State - Legislative MSP 2015-2016 allocation = \$10,303,400; awarded by outcome based formula to 39 LEAs.
2. State Corrections - Legislative contract 2015-2016 allocation = \$1,984,600; awarded by funding formula to 20 LEAs. Funding provides education services in 20 jails and 2 state prisons
3. Federal - Office of Career, Technical and Adult Education (OCTAE) - Workforce Investment Act II (WIA) – Adult Education and Family Literacy Act (AEFLA) – 2015-2016 allocation = \$3,185,427. Funds competitively awarded to 17 LEAs and 8 community-based non-profit literacy providers.

Student Population Served 2014-2015 Program Year

	16-18	19-24	25-44	45-59	60 and Older	Total
Adult Basic Education	2442	2858	4757	1188	141	11386
Adult Secondary Education	786	499	716	144	19	2164
English as a Second Language	153	741	3139	1301	490	5824
Total	3381	4098	8612	2633	650	19374

Questions Posed by Public Education Appropriations Committee Members

1. Funding formula is designed with support of the adult education directors' consortium. The formula is based on two years of previous outcome data. Program year (July 1 – June 30) data is collected and entered by the LEA directly into the adult education rational database (UTopia). A snapshot of the data base is taken at year-end showing outcomes by program. Annually this task is completed on July 16th allowing programs to finish data entry between July 1st and July 15th. The current program year data ('15-16) is used to calculate the 2017-2018 program year allocations. The following categories and percentages are used to ensure equal distribution to LEAs for the outcomes achieved:
 - a. Base = 10%;
 - b. Performers (student with one academic level gain) = 55%;
 - c. Academic outcomes = 32% (includes ELL completers (7%), ABE level 3 & 4 diplomas (5%), AHSC 1 & 2 diplomas(10%), or GEDs (10%);
 - d. Supplemental funds = 3% set aside for LEAs in need of supplemental funds (special project, equipment etc. above and beyond their funding allocation. First priority is given to programs receiving 1.0% or less of total state funding).
2. Standards and outcomes are applied and determined by consistently following standardized assessment and academic policies. Academically, programs are expected to follow Adult Education College and Career Readiness Standards, Adult Education ELL teaching standards, and the Utah Core Curricula standards. Outcome reporting follows state policy and the National Reporting System (NRS) reporting standards. The Utah Adult Assessment policy is the base for all instruction. Standards and outcomes are monitored by USOE Adult Education staff through monthly data and program desk audits with program directors, tri-annual program monitoring, and annual independent auditor evaluation and USOE reporting.
3. Student eligibility standards are applied to all students. The federal Workforce Investment Act Title II (1998) (section 203 AEFLA) adult education definition is utilized as the Utah standard eligibility criteria for all programs. The Workforce Investment Act Title II (Sec. 203 AEFLA) describes adult education as:

Services or instruction below post-secondary level for individuals that are: at a minimum 16 years (attained) not enrolled or required to be enrolled in secondary school under state law; and

- a. *lack sufficient mastery of basic educational skills to enable them to function effectively in society;*
- b. *do not have a secondary school diploma or its recognized equivalent (GED®), and have not achieved an equivalent level of education; or*
- c. *are unable to speak, read or write the English language.*

Youth 16-18 must complete an "Adult Education Program and/or GED Testing Application for 16-18 Year-Old Non-Graduates" form signed by school authorities (including counselor and either a school principal, student services or designee), parents and the youth indicating that they understand the ramifications of their educational decision. The completed form must be given by the potential student to the adult education program staff to initiate program admissions processes.

Youth under the age of 18 are served with adult education funds to:

- A. Engage youth who might not have access to a local alternative or charter high school program in their LEA;
 - B. Engage youth who might otherwise drop out without taking advantage of other existing LEA opportunities;
 - C. Provide counseling in hopes of reengaging youth in education, completion of a Carnegie unit diploma or a high school equivalency credential;
 - D. Transition youth to partner agency services they may qualify for including DWS and Vocational Rehabilitation;
 - E. Provide transition services to post-secondary and training programs and to engage youth in employment opportunities.
4. Double counting of student is controlled when a youth leaves K-12 school of record. The LEA must code the youth as “exit unknown, drop out, or transferred to adult education”. LEA adult education programs are funded with adult education state legislative funds for youth outcomes as long as the youth is coded in the adult education database as “an out of school youth”. If the youth is coded as a “dual enrolled youth (K-12 + adult education working on completion of a K-12 diploma,) the adult education program does not receive state adult education funds for the outcomes. The adult education program must work with their LEA administration to receive the WPU the youth would have generated for the time they were enrolled in the adult education program. The financial processes must be agreed upon between the LEA administration and the adult education director. See R277-733-7 for detailed clarification <http://www.rules.utah.gov/publicat/code/r277/r277-733.htm> and adult education policies Tab E – Utah Adult Education Students with Disabilities and Tab F Utah Adult Education Services for Out-of-School Youth <http://schools.utah.gov/adulted/Directors---Coordinators/Policies-and-Procedures-and-Reports.aspx>

Youth, 16-19, who attend an adult education program and complete the graduation requirements for a Utah Adult Education Secondary Diploma, or successfully pass the GED Test, can be reported by the state as graduation “completers” rather than “drop-outs.” These outcomes affect the State’s Annual Yearly Performance (AYP) outcomes. For the 2014-2015 program year K-12 districts and charters replaced non-completer exit or drop out codes with 568 completers (179 GEDs and 389 Adult Education Secondary Diplomas). An additional 650 GEDs and 695 diploma outcomes were not captured by districts and charters. Not acknowledging/claiming this last group resulted in 1,345 dropouts being calculated into the state’s outcomes for the 2014-2015 program year.

5. Ensuring districts don’t have an incentive to direct youth to adult education is always a concern. Annually, during new adult education directors orientation as well as the fall directors’ meeting program directors are reminded that they are not to actively seek students who are enrolled in a K-12 program of instruction. Training includes references to students who:
- a. have attendance issues;
 - b. have not met with school success academically or behaviorally;
 - c. have been suspended or expelled;
 - d. have documented disabilities; or
 - e. may be in jeopardy of not successfully passing LEA exit criteria.

Fact Sheet

Utah Adult Education

Utah Adult Education

A highly successful system of basic skills for adults in family, community, and work.

What Is Adult Education?

Our mission is to empower individuals to become self-sufficient, with skills necessary for future employment and personal successes.

Our vision is to assist adults to become literate and obtain the knowledge and skills necessary for employment and self-sufficiency while completing a secondary education.

For 46 years Adult Education/Utah State Office of Education has had a positive impact on the economic development of Utah.

Adult Education in Utah consists of programs and services to assist individuals 16 years of age and older who have discontinued public education enrollment or whose high school class has graduated and who do not have a high school diploma. Adults needing English language acquisition and those with or without a high school diploma needing basic skills development are also eligible.

Adult Education promotes programs in Adult Basic Education (ABE), Adult High School Completion (AHSC), English for Speakers of Other Languages (ESOL), and General Educational Development (GED®). Programs emphasize English language acquisition and competency, basic skills in reading, writing, math and problem solving, or workplace literacy in addition to academic/credit courses leading to high school completion and transition to post-secondary or training programs, and/or employment opportunities.

Adult Education programs are located in 40 school districts and several community and/or faith based organizations. Individual businesses have chosen to provide adult education services as part of their employee advancement process.

During 2014-2015, 19,377 enrollees were served in Utah Adult Education programs.

ADULT EDUCATION PROGRAMS

(Funded through federal and/or state grants)

Adult Basic Education (ABE)

ABE is a program that provides instruction for adults whose ability to compute, speak, read, or write the English language only at or below the ninth grade level substantially impairs their ability to find or retain employment commensurate with their real ability. Instruction is designed to help adults by:

- Increasing their independence.
- Increasing opportunities for more productive and profitable employment.
- Making them better able to meet adult responsibilities.

Statewide enrollment for 2014-2015 was 11,388.

Adult High School Completion (AHSC)

AHSC is a program for those adults who have some literacy skills and can function in everyday life, but do not have a secondary school diploma or GED®. AHSC provides instruction in the Utah Core Curriculum, which leads to a high school diploma.

Statewide enrollment for 2014-2015 was 2,164.

English Language Civics (ELC) and English for Speakers of Other Languages (ESOL)

ELC/ESOL is a program for those limited English proficient students who have a focus on improving English communication skills such as speaking, reading, writing, and listening.

Statewide enrollment for 2014-2015 was 5,825.

General Educational Development (GED®)

GED® is a nationally recognized high school equivalency program, personalized and aligned with the Utah Core and correct career and college readiness expectations/standards. Testing sites are located statewide.

Statewide passers for 2014-2015 was 1,389.

Corrections Education

Corrections Education provides educational opportunities to adults located in state prisons and jails. Programs include ABE, AHSC, and GED®. Additional services include employment counseling and career exploration. Transition services to other adult education programs are available before and after release.

Statewide enrollment for 2014-2015 was 4,827.

Utah Adult Education Programs are Necessary and Produce Results

NEED FOR ADULT EDUCATION SERVICES

- 211,000 adults in Utah do not have a high school diploma or GED[®] (2000 census).
- 30% of the Department of Workforce Services' (among 10,172 individuals in case management with an academic assessment who disclosed education levels less than a high school diploma or GED[®].)
- 14,931 Utahns (among the current population (38,597) receiving unemployment insurance benefits who indicate they do not have a high school diploma or GED[®].)
- 8% of all Utah birth mothers do not have a high school diploma or GED[®].
- Approximately 265,800 Utahns are on public assistance.
- Approximately 6,455 Utahns are housed in correctional facilities.
- Approximately 38,597 Utahns are receiving unemployment compensation.

BARRIERS WITHOUT ADULT EDUCATION

- Low literacy rate
- Not self-sufficient
- Unable to apply for entrance into the military
- Unable to apply for post-secondary training
- Unemployment or minimum-wage jobs

ECONOMIC IMPACT

- Workers who lack a high school diploma earn a median weekly income of \$451 compared to \$638 with a high school diploma and compared to \$1,053 for those with a bachelor's degree.
(Source: Bureau of Labor Statistics-Education Pays March 2012)
- Graduating from high school increases the likelihood of avoiding welfare by 75%.
- Literate adults are crucial to the development of school-ready and literate children.
- Each adult high school diploma and GED[®] generates nearly \$800 in state income taxes annually.

ENROLLMENT AND ACCOUNTABILITY

2014-2015 School Year

- Adult students enrolled = 19,377
- Student contact hours = 2,261,283
- High school credits earned = 23,580
- GED[®] certificates earned = 291
- Adult education secondary diplomas awarded = 2,405
- Obtained employment = Not Currently Available
- Enrolled in post-secondary training = Not Currently Available

ADULT DEMOGRAPHICS

21,005 enrolled

Age 16-18 =	3,380	18%
Age 19-24 =	4,100	21%
Age 25-44 =	8,613	44%
Age 45-59 =	2,633	14%
60 & over =	651	3%

Male = 10,288 53%

Female = 9,089 47%

FOR MORE INFORMATION:

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ETHNICITY OF STUDENTS

- 62% are American Indian, Asian, Black or African-American, Hispanic or Latino, or Hawaiian or other Pacific Islander.
- 85 countries are represented.
- Over 100 languages are spoken.

EXPERTISE AND AUTHORITY – Utah Public School Districts

- Utah school districts have the legal mandate to award credit and implement state secondary education standards leading to high school diplomas.
- Utah's public school districts are guided by a curriculum that also applies to adults in the high school completion program.
- All Utah public schools are accredited and staffed by certified personnel.

Collaboration with community and state partners provides programmatic support for enhanced Adult Education Services.

PARTNERS

- Department of Community and Economic Development
- Department of Corrections
- Department of Health and Human Services
- Department of Workforce Services
- Utah businesses and faith-based organizations
- Utah community-based organizations
- Utah State Office of Education
- Utah State Office of Rehabilitation
- Utah System of Higher Education
- Other community outreach programs

Adult practitioners motivate and empower the student and impact the leaders of tomorrow.

RESOURCES

- **www.utahFutures.org**
Investigate careers, explore education and training, find a job, and get information about obtaining training.
- **www.schools.utah.gov/adulted**
Learn more about how Adult Education can be of assistance in reaching education and career goals.
- **www.utahged.org**
Learn more about how to obtain a GED[®].

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Utah State Office of Education

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ADULT EDUCATION FACTS~2014-2015



FACT: 3,381 youth 16-18 years of age were enrolled in adult education across the state during the 2014-2015 program year. That is equivalent to three “large school” K-12 graduation classes.



FACT: 254 youth ages 16-18 either completed an adult education secondary diploma or passed the GED[®] between July 1, 2014 and June 30, 2015.



FACT: 2,442 of the adult education students 16-18 years of age entering adult education programs had literacy levels (reading or math) below the 9.0 grade level.



FACT: 5,824 of all persons enrolling (19,374) in adult education during the 2014-2015 program year were ESL students.



FACT: For the 19,374 persons enrolled in the 2014-2015 program year, adult education is the pipeline to tomorrow’s workforce by:

1. Improving basic language skills
2. Improving reading and math literacy skills



FACT: Per pupil cost to educate the 19,374 adult education students for 2014-2015 was \$505!

Kyle's story

I just sat through the School Board meeting today. I feel compelled to share my story with you.

I grew up in New Mexico, a product of intergenerational severe poverty. I was essentially homeless most of my childhood, and my parents, grandparents, and extended family were all high school dropouts. I really did not do well in school and was not on track to graduate.

One summer when I was 17 I met a girl from Utah. We had a summer romance and she headed off to Southern Utah State College in Cedar City, while I started what chronologically was my senior year. (I say that because I did not have enough credits earned to be on track to graduate anyway.)

One week into the new school year I learned she was pregnant. I dropped out of school and moved to Cedar City where we were married. Without a high school education I was stuck frying chicken at the Cedar City KFC for \$3.25 per hour. (Minimum Wage in 1989) My wife was unable to afford college and was pregnant so she withdrew. We lived in a one room shack with windows that fell out of when snow plows went by. We were on Food Stamps, Medicaid, WIC, and got food from the LDS Church.

A few years later, living in the basement of my In-laws house in Vernal Utah, I was introduced to Ashley Valley High School. I believe this is an Adult Education program funded by USOE. I spent a few weeks preparing for the GED. I took the GED at the Uintah School District Office. I passed.

Since then I have completed a Bachelor's and Master's degree at Utah State University. I have also completed post graduate coursework at the University of Western Washington and the University of Northern Colorado. I taught General Psychology and Human Growth and Development at Salt Lake Community College for 9 years as an Adjunct Instructor. I have worked for the State Board of Education since October of 2000. As an employee of the Utah State Office of Rehabilitation I have received many promotions over the years and now serve as a Division Director.

Adult Education was the gateway that led me to higher education, a successful career, and enabled me to raise three children in a middle class lifestyle who are now on their way to being college graduates. My oldest son is a Police Officer in Northern Utah. My middle son is a Farsi Speaking Petty Officer in the United States Navy. And my baby girl will graduate from Utah State University this next academic year. My wife and I just celebrated our 25th anniversary this year.

My entire life, the life of my kids, and the life of still unborn family members was forever changed by Adult Education. A cycle of intergenerational poverty was broken. Dependence on the social safety net was ended. A highly paid taxpayer was created.

I am passionate about the benefits your program provides.

Thanks for listening,

Kyle J. Walker MRC, CRC, LVRC, CPM

Director

Division of Rehabilitation Services

Utah State Office of Rehabilitation

Note: Kyle has since left the Utah State Office of Rehabilitation and is currently the Division Director at the South Carolina Center for the Blind.

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever** ...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

ONLINE FIRST

Improving the Adverse Childhood Experiences Study Scale

David Finkelhor, PhD; Anne Shattuck, MA; Heather Turner, PhD; Sherry Hamby, PhD

Objective: To test and improve upon the list of adverse childhood experiences from the Adverse Childhood Experiences (ACE) Study scale by examining the ability of a broader range to correlate with mental health symptoms.

Design: Nationally representative sample of children and adolescents.

Setting and Participants: Telephone interviews with a nationally representative sample of 2030 youth aged 10 to 17 years who were asked about lifetime adversities and current distress symptoms.

Main Outcome Measures: Lifetime adversities and current distress symptoms.

Results: The adversities from the original ACE scale items were associated with mental health symptoms among the

participants, but the association was significantly improved (from $R^2=0.21$ to $R^2=0.34$) by removing some of the original ACE scale items and adding others in the domains of peer rejection, peer victimization, community violence exposure, school performance, and socioeconomic status.

Conclusions: Our understanding of the most harmful childhood adversities is still incomplete because of complex interrelationships among them, but we know enough to proceed to interventional studies to determine whether prevention and remediation can improve long-term outcomes.

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THE ADVERSE CHILDHOOD Experiences (ACE) Study¹ has attracted considerable scientific and policy attention in recent years, in part because it suggests that potentially preventable childhood experiences, particularly physical and sexual abuse and neglect, may increase a person's risk for serious health problems and higher mortality rates much later in life.

The study has demonstrated relationships between adverse childhood experiences and many adult health risks.¹⁻¹⁰ These results, which have been published widely in the health sciences, are based on a survey and medical records of more than 17 000 members of the Kaiser Health Plan in San Diego, California.^{1,11}

Nonetheless, research using the ACE Study model has some important limitations, in part because of the retrospective way in which data on childhood adversities have been gathered. The average age of respondents when they supplied information about their childhood experiences was 55 to 57 years. As a result, it is hard to be certain, particularly from such

a remote vantage, whether it is these particular childhood experiences or unmeasured covariates that are the most important predictors. In addition, the ACE Study list of preventable childhood adversities omits certain domains judged by many developmental researchers to be important in predicting long-term health and well-being outcomes. Among the predictors missing from the ACE Study model are peer rejection, exposure to violence outside the family, low socioeconomic status, and poor academic performance.

See related editorial

For example, longitudinal studies show that growing up in poverty increases life-long risk for various negative life events and negative health outcomes.¹²⁻¹⁴ Peer rejection and lack of friends are associated with the development of many disorders.¹⁵⁻¹⁷ Poor school performance in childhood is associated with poor outcomes in adulthood, such as unemployment.¹⁸ Witnessing community violence has been shown to be a mental health hazard for

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adults and children.^{19,20} These major childhood adversities are not currently measured by the ACE scale.

In addition, measuring childhood adversities during childhood, rather than later, may offer other improvements to the ACE Study's early life predictors of health outcomes.²¹ It allows the possibility of obtaining a more accurate and comprehensive assessment of childhood events than one would be able to obtain after many years. It also would allow a more sensitive untangling of the relationship among various adversities in ways that better explain causal sequences.

Although an obvious disadvantage is the inability to assess the long-term effects of childhood adversity on the negative life events and health conditions posited in the ACE Study model, examining more short-term effects in childhood is consistent with the logic of the model. Specifically, the ACE Study model relies strongly on the idea that adverse childhood experiences create a burden of psychological stress that changes behavior, cognitions, emotions, and physical functions in ways that promote subsequent health problems and illness.²² Among the hypothesized pathways, adverse childhood experiences lead to depression and post-traumatic stress disorder, which in turn can lead to substance abuse, sleep disorders, inactivity, immunosuppression, inflammatory responses, and inconsistent health care use, possibly leading to other medical conditions later in life.^{23,24} Therefore, childhood behavioral and emotional symptoms very likely represent a crucial mediator linking adverse childhood experiences and the longer term health-related problems found in the ACE substudies.

Thus, in the present study, we tried to replicate the ACE Study findings in a cohort of youth, using psychological distress as an outcome measure, and to explore whether the adversities enumerated by the ACE Study could be improved upon by considering a more comprehensive range of possible adversities, including some of the domains not considered in the ACE Study.

METHODS

PARTICIPANTS

These analyses use data from the National Survey of Children's Exposure to Violence (NatSCEV),²⁵ a representative sample of US children and adolescents. The NatSCEV was designed to obtain incidence and prevalence estimates for a wide range of childhood victimizations and other adversities. The survey was conducted between January 2008 and May 2008 with a nationally representative sample of 4549 children aged 0 to 17 years living in the contiguous United States. Interviews with parents and youth were conducted over the telephone by the employees of an experienced survey research firm.

The foundation of the design was a nationwide sampling frame of residential telephone numbers from which a sample of telephone households was drawn by random digit dialing. This nationally representative cross section yielded 3053 of the 4549 completed interviews. To ensure that the study included a sizable proportion of racial/ethnic minorities and low-income respondents for more accurate subgroup analyses, there was also an oversampling of US telephone exchanges that had a population of 70% or more of African American, Hispanic, or low-income households. This oversample yielded the remaining 1496 of the completed interviews. Sample weights were

calculated to adjust for differential probability of selection associated with (1) study design, (2) demographic variations in nonresponse, and (3) variations in within-household eligibility. For this study, we analyzed a subsample of the entire sample of 4549 respondents. This subsample consisted of 2030 youth who were aged 10 to 17 years at the time of the interview and for whom complete data were available on the variables of interest. Analyses in this study are weighted by the sample weights.

PROCEDURE

A short interview was conducted with an adult caregiver (usually a parent) in each household to obtain family demographic information. One child was randomly selected from all eligible children living in a household by choosing the child with the most recent birthday. If the selected child was aged 10 to 17 years, the main telephone interview was conducted with the child. If the child was younger than 10 years, the interview was completed with the caregiver. However, the current analysis is based only on the 2030 youth aged 10 to 17 years who provided self-report information. Respondents were paid \$20 for their participation. The interviews, averaging 45 minutes in both waves, were conducted in either English or Spanish. All procedures were approved by the institutional review board at the University of New Hampshire.

RESPONSE RATES AND NONRESPONSE ANALYSES

The cooperation rate for the random digit dialing cross-section portion of the survey was 71%, and the response rate was 54%. The cooperation and response rates associated with the smaller oversample were somewhat lower at 63% and 43%, respectively. These are good rates by current survey research standards.²⁶⁻³⁰ Although the potential for response bias remains an important consideration, several recent studies and our own analysis²⁵ have shown no meaningful association between response rates and response bias.³¹⁻³⁴

MEASUREMENT

Victimization and Adversity

This survey used an enhanced version of the Juvenile Victimization Questionnaire, an inventory of childhood victimization.³⁵⁻³⁷ The Juvenile Victimization Questionnaire obtains reports on 48 forms of youth victimization covering 5 general areas of interest: conventional crime, maltreatment, victimization by peer and siblings, sexual victimization, and witnessing and exposure to violence.³⁸ The survey also contains questions about adverse life events in the parent interview section and in a separate section on adversity.

For the present study, which was not originally designed to test the ACE Study model, we selected victimization and adversity items in 2 steps. First, we used screener items and their associated follow-up questions to construct victimization types that most closely matched the abuse and neglect items in the original ACE Study, and we chose family background and adversity items to match the household dysfunction items of the original ACE Study. Using these items, we constructed a replication of the original ACE Study. In the second step, we selected additional types of victimization and adversity items not included in the original ACE Study but that are known to be important correlates of health and well-being outcomes. The measures selected in these 2 steps are described in the next section of this article. Important differences from the ACE Study items are noted in eTable 1 (<http://www.archpediatrics.com>).

Measures Used to Replicate Original ACE Study Items

The following measures were coded 0 for no and 1 for yes so that they could be summed to create the replicated ACE Study items. All are lifetime measures.

- Emotional abuse: One item asked respondents, “At any time in your life, did you get scared or feel really bad because grown-ups in your life called you names, said mean things to you, or said they didn’t want you?”
- Physical abuse: Several screeners assessed the child’s experience of physical assault. Children who answered yes to any of these assault screeners were coded as having experienced physical abuse if the incident was perpetrated by parent, an adult relative, or another adult caregiver.
- Sexual abuse: Four screeners asked about the child’s experience of sexual assault or attempted rape by a known adult, an adult stranger, or a peer or sibling.
- Emotional neglect: Four questions about family social support were used to construct an indicator of emotional neglect. These items are shown in eTable 1. Total scores ranged from 4 to 16. Children whose family support score was 10 or lower were coded as having experienced emotional neglect.
- Physical neglect: A single item asked whether the child had ever experienced a time when adults in his or her life “didn’t take care of them the way they should,” including not providing enough food, not taking them to the doctor when they were sick, or not making sure they had a safe place to stay. Children who answered yes were coded as having experienced physical neglect.
- Mother treated violently: Twelve screeners asked children whether they had witnessed specific kinds of violence and abuse. Children who answered yes to any of these questions and who reported that their mother was the victim were coded 1 on this item.
- Household substance abuse: A single item assessed whether the child had a family member who “drank or used drugs so often that it caused problems.”
- Household mental illness: Children who had a parent or sibling with depression, bipolar disorder, anxiety, or “other psychiatric disorder” (information obtained from the parent interview) or children who had “someone close” attempt suicide were coded 1 on household mental illness.
- Parental separation or divorce: We coded any respondent who was not currently living with 2 biological or adoptive parents as having experienced parental separation or divorce.
- Incarcerated household member: One adversity item asks whether a parent or guardian had ever been sent to prison.

Additional Victimization and Adversity Items Not Included in ACE Study

The measures listed herein, not included in the ACE Study, were examined as additional correlates of children’s distress. A summary of these items is reported in eTable 2. Unless otherwise specified, questions regarding these items were asked in the child’s portion of the interview:

- Peer victimization (assault, physical intimidation, or emotional victimization by a nonsibling peer)
- Parents always arguing (respondents were asked whether there was a time in their lives when their parents were always arguing)
- Property victimization (experience of a robbery, theft, or vandalism by a nonsibling perpetrator)
- Someone close to the child had a bad accident or illness
- Exposure to community violence (6 screeners asked whether the child had been exposed to certain types of crime

and violence, including witnessing an assault, experiencing a household theft, having someone close murdered, witnessing a murder, experiencing a riot, or being in a war zone)

- No good friends (child had no “really good friends at school” at the time of the interview)
- Below-average grades (parent reported that the child had “below-average” grades in school)
- Someone close to the child died because of an accident or illness
- Parent lost job (children reported that there was a time when their “mother, father, or guardian lost a job or couldn’t find work”)
- Parent deployed to war zone (parent had to leave the country to fight in a war and was gone for several months or longer)
- Disaster (child had experienced a “very bad fire, flood, tornado, hurricane, earthquake, or other disaster”)
- Removed from family (child was “sent or taken away from his or her family for any reason”)
- Very overweight (parent reported that the child was “quite a bit overweight” compared with other boys/girls his or her age)
- Physical disability (parent reported that the child had been diagnosed with a “physical health or medical problem that affects the kinds of activities that he or she can do”)
- Ever involved in a bad accident
- Neighborhood violence is a “big problem” (asked in the parent interview)
- Homelessness (a time when the child’s family “had to live on a street or in a shelter because they had no other place to stay”)
- Repeated a grade
- Less masculine or feminine than other boys or girls his or her age (asked in the parent interview)

Distress Symptoms

Distress symptoms were measured using shortened versions of the anger, depression, anxiety, dissociation, and posttraumatic stress scales of the Trauma Symptoms Checklist for Children (TSCC).³⁹ Respondents were asked how often they had experienced each symptom within the past month. Response options were on a 4-point scale from 1 (not at all) to 4 (very often), and responses from the items of all 5 scales were summed to create a total distress score consisting of 28 items. The Cronbach α value for total distress score in this study was 0.93.

Demographics

Demographic information was obtained in the initial parent interview, including the child’s sex, age (in years), race/ethnicity (coded into 4 groups: white non-Hispanic, black non-Hispanic, other non-Hispanic, and Hispanic any race), socioeconomic status (SES), and place size of the child’s town or city of residence. Socioeconomic status is a continuous composite score based on the sum of the standardized household income and standardized parental educational level (for the parent with the highest educational level) scores, which was then restandardized. For our revised version of the ACE scale, we created a dummy indicator for low SES that flags children whose continuous SES value fell in the bottom, roughly 20%.

RESULTS

The ACE scale constructed with variables from NatSCEV that mimic the original items is associated with distress levels among youth aged 10 to 17 years, as measured by the Trauma Symptom Checklist for Children. Model 1 in **Table 1** reports the regression of distress scores on

Table 1. Regression of Wave 1 Trauma Scores on Lifetime Victimization and Adversity

Characteristic (n = 2030)	%	Regression Coefficient, β^a	
		Model 1	Model 2
Demographics, time 1 ^b			
Age, mean, y	13.5	-0.01	-0.03
Male sex	51.2	-0.03	-0.08 ^c
Black, non-Hispanic	15.1	0.01	0.03
Other, non-Hispanic	5.7	-0.05 ^d	-0.05 ^e
Hispanic, any race	17.8	-0.02	-0.03
ACE scale items			
Physical abuse	14.9	0.16 ^c	0.13 ^c
Emotional abuse	17.7	0.16 ^c	0.08 ^c
Emotional neglect	7.7	0.12 ^c	0.12 ^c
Physical neglect	4.0	0.09 ^c	0.07 ^c
Household mental illness	27.9	0.08 ^c	0.04 ^e
Household substance abuse	16.8	0.08 ^c	0.01
Sexual abuse	6.6	0.08 ^c	0.05 ^d
Mother treated violently	13.1	0.05 ^e	-0.02
Incarcerated household member	11.1	0.02	-0.01
Parental separation or divorce	41.2	-0.01	-0.05 ^e
Additional victimization and adversity items			
Peer victimization (nonsibling)	47.6		0.17 ^c
Parents always arguing	22.0		0.15 ^c
Property victimization (nonsibling)	41.0		0.11 ^c
Someone close had a bad accident or illness	64.4		0.10 ^c
Exposure to community violence	63.4		0.09 ^c
No good friends	1.8		0.07 ^c
Socioeconomic status	0.04		-0.06 ^d
Below-average grades	6.1		0.04 ^e
Someone close died from illness/accident	49.3		0.05 ^e
Parent lost job	19.5		0.04 ^e
Parent deployed to war zone	9.9		0.04
Disaster	10.9		0.03
Removed from family	4.8		0.03
Very overweight	3.0		0.02
Physical disability	6.9		-0.01
Involved in a bad accident	13.8		-0.02
Neighborhood violence is "big problem"	4.3		-0.02
Family homeless	3.2		-0.02
Repeated a grade	13.2		-0.03
Less masculine or feminine than peers	8.7		-0.03
Adjusted R^2		0.24	0.36

Abbreviation: ACE, Adverse Childhood Experiences.

^aChange in adjusted R^2 was significant at $P < .001$.

^bReference category for race/ethnicity is white, non-Hispanic (61.4 % of sample).

^cCoefficient is significant at $P < .001$.

^dCoefficient is significant at $P < .01$.

^eCoefficient is significant at $P < .05$.

the items from the replicated ACE scale. The cumulative items were strongly associated with distress, and there was a clear dose-response relationship between the adversities and distress, as has been demonstrated in previous research.¹

However, the original ACE scale items did not each make an independent contribution to distress as illustrated in model 1 of Table 1. Two items, parental separation or divorce and incarceration of a household member, were not significant in the regression model of the whole scale. In addition, when other childhood adversi-

Table 2. Items in Original and Revised ACE Scales

ACE Scale Adversities (Lifetime)	
Original	Revised
Emotional abuse	Emotional abuse
Physical abuse	Physical abuse
Sexual abuse	Sexual abuse
Physical neglect	Physical neglect
Emotional neglect	Emotional neglect
Mother treated violently	Household mental illness
Household substance abuse	Property victimization
Household mental illness	(nonsibling)
	Peer victimization (nonsibling)
Incarcerated household member	Exposure to community violence
Parental separation or divorce	Socioeconomic status
	Someone close had a bad accident or illness
	Below-average grades
	Parents always arguing
	No good friends (at time of interview)

Abbreviation: ACE, Adverse Childhood Experiences.

ties (not considered in the ACE studies) were added to the model (model 2 of Table 1), several ACE scale items dropped below significance. Moreover, several of the added childhood adversities showed strong associations with distress. These included peer victimization, property victimization, parents always arguing, having no good friends, having someone close with a bad illness or accident, SES, and exposure to community violence.

A revised ACE scale was then constructed, removing the original items that were no longer significant in the extended model. Significant new items were added to the scale, including parents always arguing, having no good friends, having someone close with a bad illness or accident, peer victimization, property victimization, and exposure to community violence. The old and new scales are contrasted in **Table 2**. Regression with the new scale determined $R^2 = 0.34$ vs $R^2 = 0.21$ for the original version of the scale.

COMMENT

In this study, it was possible to improve the value of the original ACE scale considerably by adding some childhood adversities not included in the original scale and excluding others that were in the scale. The value of adding several items not considered in the ACE studies is consistent with several publications showing their harmful effect on child development. In fact, there are likely even more domains of childhood adversity that might be measured and added that could further improve its predictive ability, for example, low IQ,⁴⁰ parental death, and food scarcity. The present study illustrates that the original ACE scale could likely be improved even more with additional developmental research.

However, this analysis also confirms that some of the key ACE scale items, particularly the child maltreatment exposures, remain very important and make discrete independent contributions, even when many other adversities are considered. Moreover, several of the new

adversities identified in this study are additional forms of interpersonal victimization—property crime, peer victimization, and exposure to community violence—which reinforce findings from other studies^{41,42} highlighting the cumulative harm of different forms of childhood victimization.

There are several limitations of the current study that bear emphasis. First, this study did not operationalize the adverse childhood events in the same way that the original ACE instrument did. Second, the dependent variable, the TSCC, used in this exercise was not an outcome used in the original ACE Study. The TSCC may be better associated with the impact of some childhood events, such as violence exposure, than others and may not necessarily be reflective of what would best predict long-term health effects. In fact, some childhood adversities may affect later health not through psychological processes, such as distress symptoms, but through other mechanisms, for example, failure to receive proper early health care. Moreover, unlike the ACE Study, the outcome measure was short term and the causal sequence between adversities and outcome cannot be assumed. All the variables in this study come from self-report and, in most cases, from children, which may be inaccurate and introduce method associations.

Before additional work on the ACE scale is undertaken, some important issues are worth discussing, even beyond the findings of the current study. One issue concerns what the goal or best use of this or related scales should be. One possible use for this kind of scale is as a risk assessment tool with older adolescents or adults to help health care providers better understand who is most likely to require services and treatment for health problems. However, the goal for which the scale has been most widely used to date is to advocate for and influence prevention policies by highlighting crucial developmental factors that prevention programs should target to improve general health and reduce medical costs and social service expenditures.^{22,43,44}

In many ways the first goal, risk assessment, is a much easier one to accomplish than the second, selection of prevention targets. To successfully satisfy the first goal, research has to find strong associations between risk indicators and later outcomes. The ACE scale seems clearly successful at this. For the second goal, however, a good risk indicator is not sufficient. The indicator has to be a proven causal contributor, which modified would make a difference. Much of the discussion about the ACE scale assumes that its items are causal contributors to the numerous negative adult outcomes, but this may not be the case.

Without detailed longitudinal studies and the measurement of many additional variables, it may be very difficult to tease out whether, for example, it is household substance abuse that affects later outcomes or some unmeasured underlying parental emotional problem or lack of self-control. Moreover, a very important, but difficult to test, alternative explanation for many of the ACE Study findings is that inherited genes for health problems or some temperamental qualities create a spurious connection between abuse and neglect by parents or other family context variables and mental and physical health conditions in their offspring. If this were to be the case, it is possible,

although not likely, that even preventing child abuse would make modest differences on health outcomes.

There are other problems with using an ACE scale even as a long-term risk assessment tool. One is that risk assessment has to factor in social changes regarding the frequency, norms, and impact of different experiences. For older respondents who answered the original ACE Study questionnaire, parental divorce may have been an unusual and stigmatizing event and sexual abuse a hidden experience that one never talked or heard anything about. Among a younger cohort, more cultural awareness and the increased availability of support, including professional intervention, may mean that the experience of sexual abuse or parental divorce might have different consequences. This may be why parental divorce was not a significant predictor in the current study.

Another problem is the possibility of reverse causation in which bad later life outcomes induce reports of more negative early childhood experiences. There is some evidence that people recall more negative historical adversity when they have poor adult outcomes, mental health, and physical problems.⁴⁵ To the degree that this is true, variables identified in later life, such as in the ACE Study, will not prove as predictive of ultimate health outcomes when assessed in earlier life stages.

An additional philosophical problem worth considering in discussions about the implications of ACE-type research is whether advocates should use a list of childhood features that are associated with long-term health effects as the primary criterion of what childhood adversities to prioritize for prevention. For example, if sexual abuse were demonstrated to be minimally associated with long-term health effects, would that disqualify it as a priority for primary prevention? No. Many childhood adversities are candidates for prevention not because they create long-term health risks but because they violate the rights of children or cause pain and suffering at the moment. Their contributions to long-term health can be additional evidence to consider but may not be primary. Such adversities illustrate the tension between a utilitarian and human rights perspective in child welfare policy.

CONCLUSIONS

This research suggests that the goal of identifying childhood adversities that are precursors to long-term health and behavioral outcomes may be improved by considering a wider range of adversities measured in a more contemporaneous way. Such an approach might be well advanced by using longitudinal studies that have been monitoring children into adulthood.¹²

However, more discussion is needed about the goals and usefulness of such efforts. Although additional efforts to refine an adverse childhood experience checklist that predicts later health outcomes has scientific merit, an argument can be made that enough is known about certain harmful childhood experiences²² that more testing of parts of this model should be carried out through experiment rather than correlation. There is enough consensus that exposure to violence, sexual abuse, and emotional mistreatment are harmful and likely have long-

term health effects; therefore, the next generation of studies should probably focus on preventing and remediating these exposures and following up to determine whether health outcomes improve.

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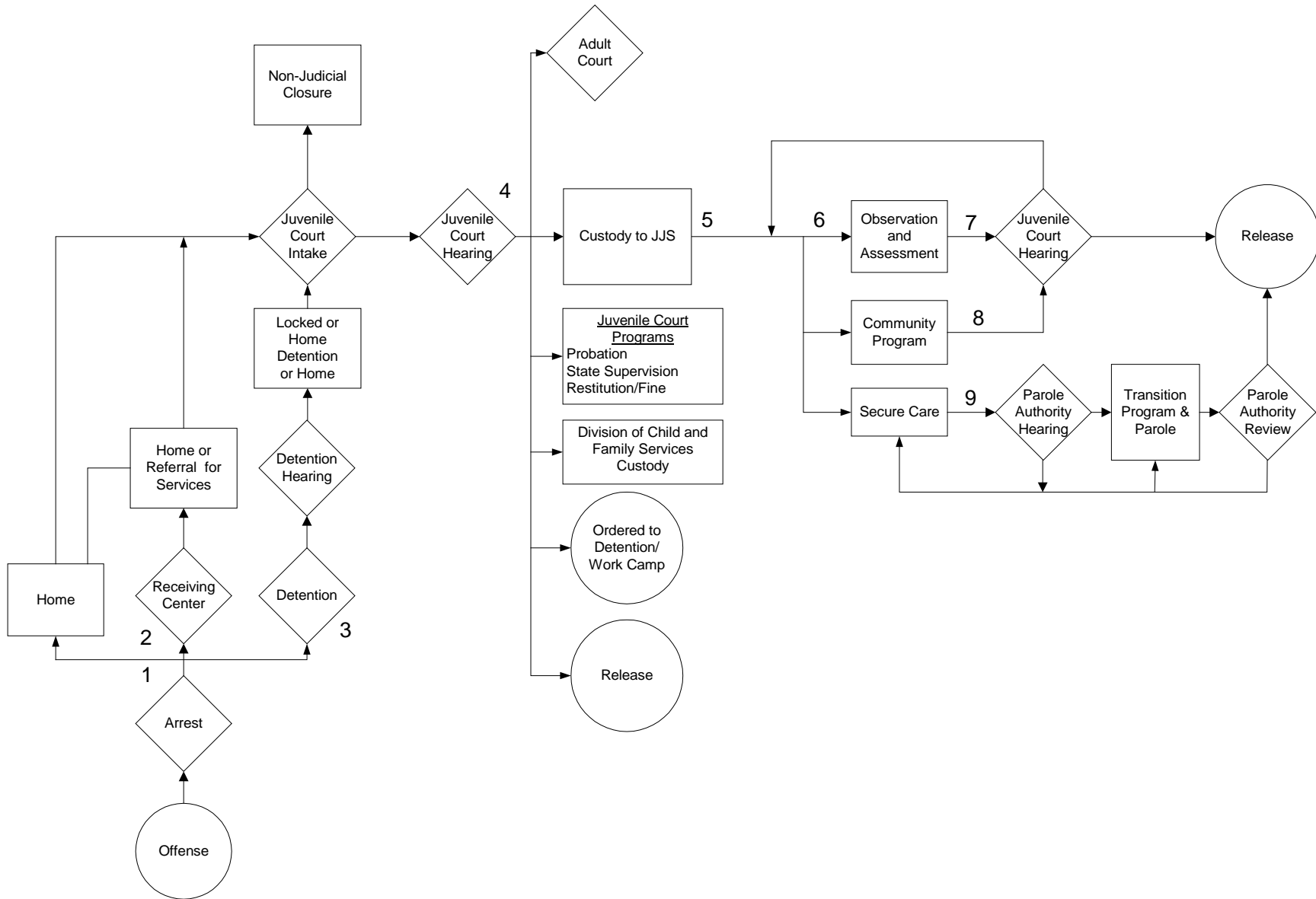
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The Juvenile Justice Process



UTAH COORDINATING COUNCIL FOR YOUTH IN CARE

For more than 30 years, the Utah Coordinating Council for Youth in Care has ensured that high-quality education is provided for all youth in state care. Under the direction of the Department of Human Services and the Utah State Board of Education, the council meets every other month and its role is to plan, coordinate, and recommend budget, policy and program guidelines for the education and supportive services of these students.

The council ensures that students receive evidence-based:

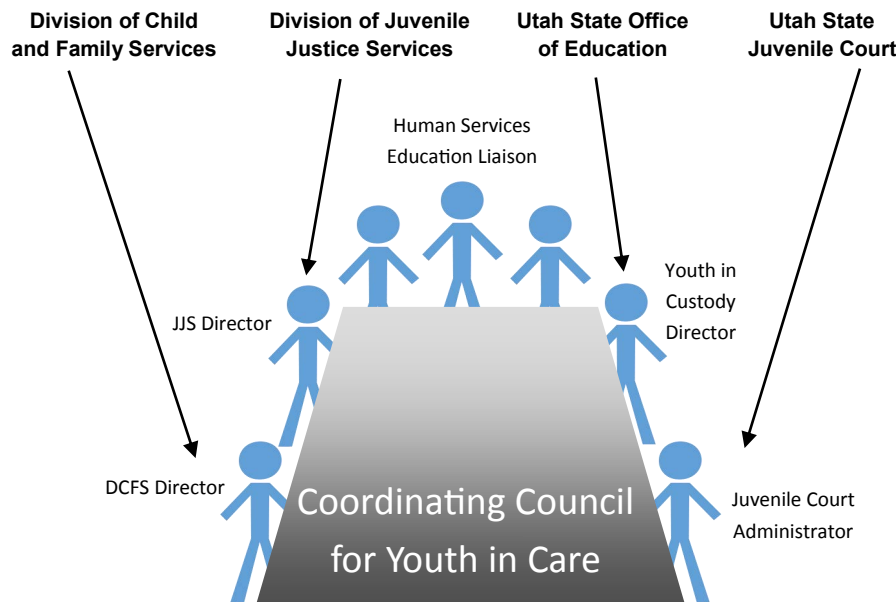
- Compulsory education
- Initiatives benefiting youth in care
- College and career readiness

The Utah State Board of Education contracts with school districts or other appropriate agencies to provide educational, administrative, and supportive services.

Utah Code 53A-1-403

Structure of Utah Coordinating Council for Youth in Care

The Coordinating Council consists of directors from the agencies below.



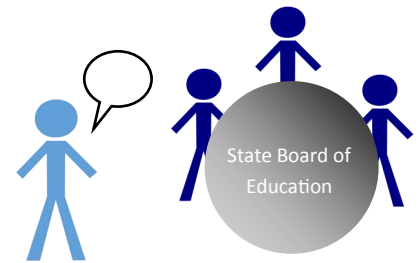
Additional members may include: the Division of Substance Abuse and Mental Health, Utah State Hospital, school districts, and community partners. Each participant of the council reports to and receives input from their respective divisions and workgroups that focus on education.

- Division of Child and Family Services, Region Education Specialists
- Division of Juvenile Justice Services, Education Oversight Committee
- State Office of Education, District Youth in Custody Directors
- Juvenile Court, Court Improvement Program and Board of Juvenile Court Judges

The Utah Coordinating Council abides by Utah's Open and Public Meetings Act 54-4-202. Notice, minutes, and recordings of meetings are posted at <http://www.utah.gov/pmn/index.html>. For more information, visit Hs.utah.gov/education.

Coordinating Council and Accountability for Educating Youth in State Care

The **State Board of Education** is directly responsible for the education of youth in state care. The Coordinating Council reports to the Board of Education.



Each school district that receives funding is bound by statute to establish and hold quarterly **local interagency council** meetings. The make-up of the interagency councils should reflect the structure of the state coordinating council. Each local council should inform the state coordinating council as they make decisions affecting youth in care.



EDUCATION FUNDING FOR YOUTH IN CARE

Funding Breakdown

98%

98% of Youth in Custody funding is awarded directly to school districts or other appropriate agencies to provide education programs for children in state care.

2%

2% of Youth in Custody funding is used to provide administrative support through the State Office of Education.



It pays the salaries of three program administrators (1 full-time and 2 part-time) and one administrative assistant. The program administrators oversee administration and policy for the Youth in Custody line item, provide technical assistance to school districts, and work with other appropriate agencies.

One administrator works directly with the Division of Juvenile Justice Services, another with the Division of Child and Family Services, and another oversees the statewide Check & Connect mentoring program.



That 2% of the funding also pays for 1/4 of the salary for the State Education Liaison, in partnership with the Division of Child and Family Services, the Division of Juvenile Justice Services, and the Juvenile Court.

Funding Appropriated

100% of funding

Funding is appropriated by the state legislature to provide free and appropriate education for children in the care of the state of Utah. The funds are funneled through the state board of education (with recommendations from the Coordinating Council) to school districts and other appropriate agencies to provide education services.



Utah Coordinating Council

Board of Education



Continuum of Services

98% of funding

School districts and other appropriate agencies use the bulk of the funding to provide a continuum of services for youth in care. Districts provide teachers in secure and residential treatment settings, teachers to youth in care in a mainstream school setting, or mentors who promote educational success for students in state care.



School districts that have juvenile justice facilities or residential treatment centers in their boundaries provide school for the students in those settings.



Self-contained classrooms are for students who may need credit recovery, skills remediation, behavioral supports, or transition services.

Students in foster care or others who attend mainstream schools can participate in Check & Connect, a nationally recognized mentoring program.



UTAH COORDINATING COUNCIL FOR YOUTH IN CARE

Mission

The mission of the coordinating council is to ensure exceptional educational services for youth in state care, and to collaborate successfully with other child-serving agencies.

Vision

The coordinating council expects every student in state care to have access to the same educational services that any other public education student would have. Access to those services means students will excel socially and academically while in school, and be ready to succeed in a career or in post-secondary education.

The council:

- Plans, coordinates, and recommends policy, budget, and program guidelines
- Includes members from the State Office of Education, the Department of Human Services, Juvenile Justice Services, the Division of Child and Family Services, the Division of Substance Abuse and Mental Health, Administrative Office of the Courts, School District Superintendents, and a Tribal Representative
- Expects school district and other appropriate agency accountability for the funding they receive, ensuring they provide required educational services

School districts or other appropriate agencies that receive funding should:

- Provide educational services and supports that allow students to meet the same challenging state academic content standards and academic achievement standards that all children in public education are expected to meet
- Provide relevant, engaging, and standards-aligned curriculum
- Foster an environment in which high expectations for staff and students are supported by successful implementation of sound policies and practices
- Build positive relationships and support networks with students and their families
- Design educational services that are fiscally responsible and a good tax-payer investment

The Utah State Board of Education contracts with school districts or other appropriate agencies to provide educational, administrative, and supportive services.

Areas of Focus

Literacy

Numeracy

College & Career Readiness



Technology



Transition

Career & Technical

Education



Health & Wellness

Extracurricular Participation



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Deputy Director, DJJS
Debbiew@utah.gov

Gabriella Archuleta

Court Improvement Program Coordinator, AOC
gabriellaa@utcourts.gov



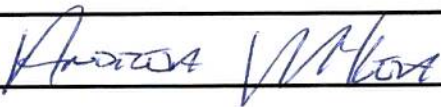
Kent Larsen

South Sanpete Superintendent
Kent.larsen@ssanpete.org

AVEC/YIC



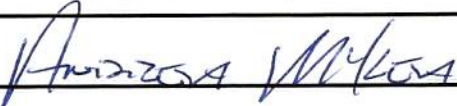
Cover Sheet

Name and Address of Applicant Organization			
Agency Name	AVEC/YIC	District #	031
Street Address	559 N 1700 W		
City	Vernal	State	Utah
		Zip	84,078
Expenditure Period			
Beginning Date of Project	7/1/15	Ending Date of Project	6/30/16
Project Director – Name & Title			
Director Name	Andrea McKea	Title	Principal
Telephone	435-828-3108	Fax	435-781-4679
Email Address	andrea.mckea@uintah.net		
Type of Application: Youth in Custody (State funds)			
Funding Requested	\$ \$ 412,478.00		

SIGNATURES	District Superintendent	
	Name and Title: Mark Dockins/Superintendent	
	Signature: 	Date: 4-30-15
	Business Administrator	
	Name and Title: Derek Anderson/Business Administrator	
	Signature: 	Date: 5/5/15
Project Director		
Name and Title: Andrea McKea/Principal		
Signature: 	Date: 5-13-15	

- 12) The grantee assures that the top priorities of the program will be to assist students in accruing school credits that meet the basic state requirements for grade promotion and secondary school graduation.
- 13) The grantee assures curriculum, instruction, and evaluation are based on state-approved standards and objectives.
- 14) The grantee assures that resources will be available, and a process established, to develop a Student Education Occupation Plan (SEOP), State Education Plan (SEP), or Individual Education Plan (IEP) for each student as necessary.
- 15) Proper equipment and adequate supplies are available to maintain and support the program.
- 16) Classrooms, laboratories, and storage areas provide adequate, quality, and safe learning environments to meet program objectives.
- 17) Appropriate instructional materials are available to achieve the goals and objectives of the program.
- 18) Districts and institutions fulfill state and federal data collection and fiscal reporting requirements.
- 19) The grantee will comply with all civil rights regulations prohibiting discrimination in program benefits, participation, employment, or treatment on the basis of race, color, national origin, sex, and disability.
- 20) If the grantee is applying for funding to provide mentoring services, said grantee assures compliance with the mentoring funding and job description guidelines. (See appendix B)
- 21) The grantee will include a letter of explanation justifying any expenses that exceed last year's budget request.

The Chief Administrative Officer, Business Administrator, and Project Director certify that, to the best of his/her knowledge and belief, the data in this application are true and accurate, and that he/she will comply with all assurances noted above.

Signatures	District Superintendent	
	Name and Title: Mark Dockins/Superintendent	
	Signature: 	Date: 4-30-15
	Business Administrator	
	Name and Title: Derek Anderson/Business Administrator	
	Signature: 	Date: 5/5/15
	Project Director	
	Name and Title: Andrea McKea/Principal	
	Signature: 	Date: 5-13-15

LOCAL INTERAGENCY COUNCIL SIGNATURES

INSTRUCTIONS: All members or Agency representatives of the school district's Local Interagency Council for Youth in Custody must sign below stating that they have reviewed the district's budget application.

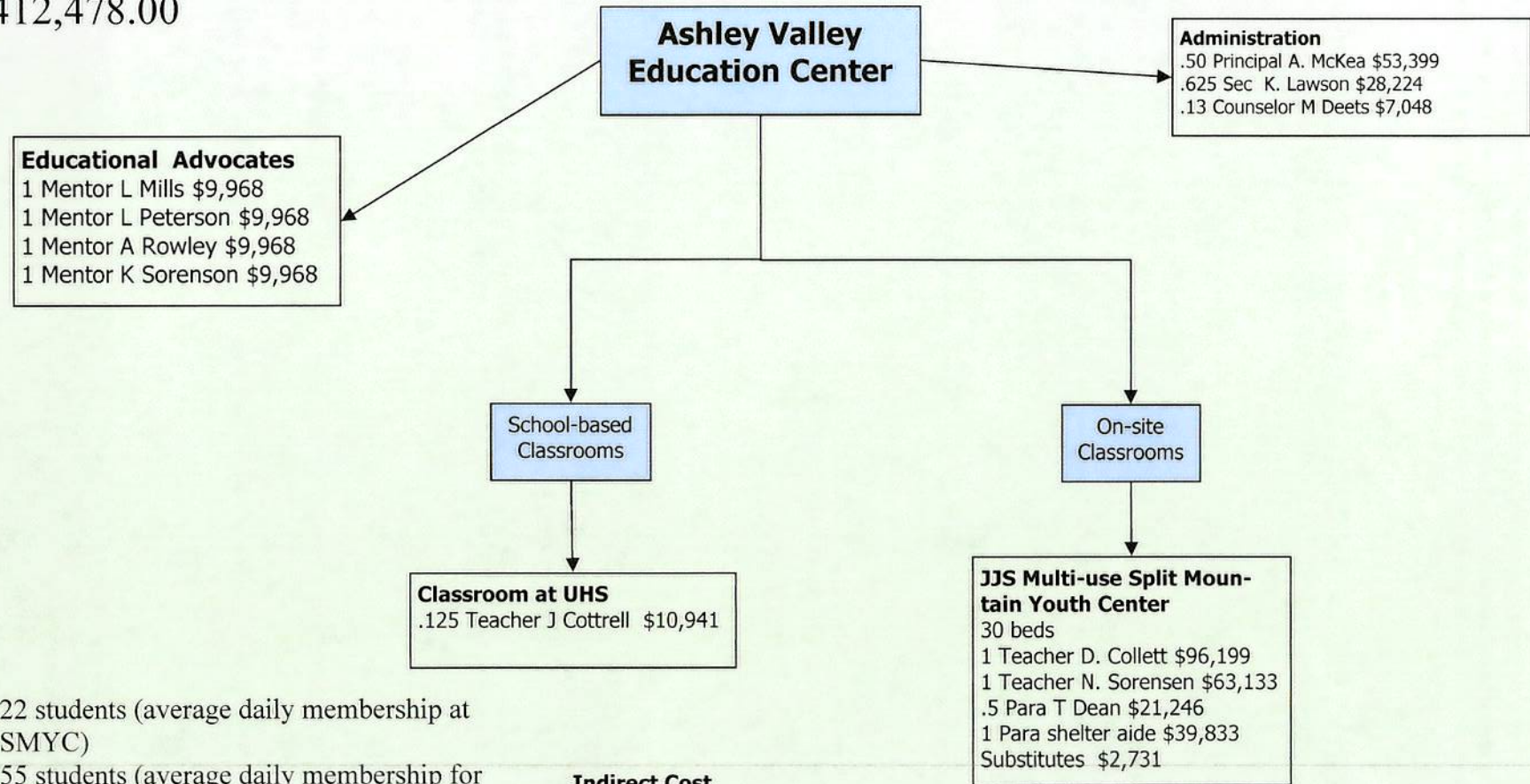
DATE: 4/30/15

Through my signature below, I represent that I have read the Youth-in-Custody grant proposal submitted by the school district listed above and find it to be accurate and complete. (See NOTE below)

SIGNATURE	TITLE	AGENCY
<i>David Dunn</i>	Supervisor	JJS - SMYC
<i>Andy Barton</i>	Supervisor	JAL-
<i>Molly Cummings</i>	Support Coordinator	Keystone Advocacy
<i>Jean Larson</i>	WIA Youth Counselor	Dept. Workforce Services
<i>Kermita</i>	YIC Mentor	AVEC
<i>Linda Bagge</i>	DCFS case worker ^{SSW}	DCFS
<i>Patricia</i>	DCFS caseworker	DCFS
<i>[Signature]</i>	DCFS caseworker	DCFS
<i>Jan Tolch</i>	Counselor	Voc Rehab
<i>Sharon Denison</i>	counselor	Voc Rehab
<i>Mark Thompson</i>	Coordinating supervisor	Voc. Rehab.
<i>Sandra Richins</i>	NCC prevention	NCC
<i>Kristal Sorensen</i>	YIC Mentor	AVEC
<i>Jeri Murrene</i>	DCFS Caseworker	DCFS
<i>Helenne Rowley</i>	YIC	AVEC
<i>Justin</i>	DCFS DCFS caseworker	DCFS
<i>ANDREA WILSON</i>	PRINCIPAL	UIL
<i>Phillie</i>	Assistant Caseworker	UFS
<i>MAH Southam</i>	Supervisor	JJS
<i>DARRIN Billings</i>	Supervisors of	JJS
<i>Lynn Whitman</i>	APD	JJS

NOTE: If the agency representative finds the educational service plan applied for to be inadequate, he/she shall provide the Utah Coordinating Council for Youth in Custody (UCCYIC) a letter indicating non-concurrence, and state the specific requirement(s) the district must meet in order to provide adequate services.

Uintah School District
 FY'16 YIC Funding At a Glance
 \$412,478.00



22 students (average daily membership at SMYC)

55 students (average daily membership for Mentors)

6 students (average daily membership at UHS)

400 (approximate) students served with YIC funds

Indirect Cost
 \$11,547
Travel
 \$8,175
Textbooks, Classroom Supplies, Copier Maintenance Agreement, computers, etc
 \$29,129

All salaries include cost of benefits.



Me vs. Foster Care: a Sad Story

by J.P.

When I was nine years old, my family wasn't a normal family. There was a lot of fighting and screaming, and I was stuck in the violence. One day I was walking in from school, and my mom said, "Jay, we need to talk." We sat and she said, "DCFS is coming to ask some really important questions, and I need you to be very honest with them." After she said that, she still loved me very much no matter what happened.

The very next day I woke up to a knock on the door, and there was this lady standing there. She said she needed to talk to my mom, so I went and got her.

The lady said, "Hi, my name is Christine from Child Protective Services. Can we talk alone?"

My mom looked down at me and said, "Yes." My mom and the lady from CPS went outside. The next thing I remember was they both came back inside, and my mom was crying.

The lady from CPS said to me, "Hey, youngster, it's your turn. Would it be okay if I asked you a few questions outside?"

I shook my head no and grabbed my mom's arm. The lady said, "We need to talk alone. I promise you'll be okay."

I went outside, and the lady asked me, "How is life in your family?"

I told her how it was and what was going on. After that my dad was called outside.

A few days later we were driving to the hospital. My mom looked back and said, "They are just going to take a little bit of your hair, and we will be done with the drug test."

Later we had arrived at the hospital and went in. We sat for what felt like hours. Finally, they called my parents back into the back, and then we went home.

A few days later, the lady from CPS came back. This time my mom, dad, and grandma were crying, and they said, "Okay, kids, it is time." They then took my brother, sister, and me out to their vehicle, and I started to fight. My brother jumped up and started screaming at my grandma saying, "This would have never happened without you. I hate you. If only you didn't call DCFS."

We were forced into the car and taken away. A few hours later, we arrived at the Christmas Box House, the place we would stay. After a few weeks, they pulled my brother, my sister and me aside, and they said, "It's time you meet your new family." Two people came in and said, "We are the ones who are taking you home for a visit dinner tonight." That night we went and lived with this family, but it did not make things better. In fact, things were made much worse.

J.P. wrote this story while in Farmington Bay Youth Center, Farmington, Utah.

Finalist