



**DATE:** April 5, 2022      **COMMITTEE:** Senate Education, Health and Environmental Affairs  
**BILL NO:** House Bill 657  
**BILL TITLE:** Public Schools - Standardized Behavioral Health Questionnaire for Students –  
Development and Implementation  
**POSITION:** Support

## **Kennedy Krieger Institute supports House Bill 657 - Public Schools - Standardized Behavioral Health Questionnaire for Students - Development and Implementation**

### **Bill Summary:**

House Bill 657 requires the Maryland Consortium on Coordinated Community Supports to develop, with certain stakeholders, guidelines for a standardized behavioral health questionnaire. This behavioral health questionnaire is intended to identify students with behavioral health service needs, including those needs resulting from a traumatic brain injury (TBI).

### **Background:**

Kennedy Krieger Institute provides specialized services to patients nationally and internationally. Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based and community-based programs. Kennedy Krieger is nationally recognized for its comprehensive continuum of care in the rehabilitation of children and adolescents with brain injury from acute rehabilitation to community re-entry with a strong emphasis on school reintegration and long term follow-up.

### **Rationale:**

Behavioral health is inherent to overall health and essential to positive school performance and achievement. Many health conditions can effect behavioral health, among them is traumatic brain injury (TBI). Based on available data for the United States, the Centers for Disease and Control (CDC) in their *Report to Congress on The Management of Traumatic Brain Injury in Children* in 2018 <sup>1</sup> estimated that mild TBI is experienced in 70-90% of TBI-related emergency department visits, moderate TBI in up to 15% and severe TBI in 2%.

Traumatic brain injury is often an invisible disability. Many children fully heal physically from their initial injury, but frequently experience significant cognitive, emotional, and behavioral effects of injury which considerably impact functioning, particularly in educational performance. Such outcomes are documented throughout the literature for pediatric TBI.

Information about a traumatic brain injury is not routinely shared with schools or even, at times, the child's primary care physician. In fact, in a study published in *Pediatrics* in 2006 <sup>2</sup>, 37% of caregivers of children hospitalized for traumatic brain injury reported that their child did not see a physician at all in the first year after injury. In that study, was also reported a high rate of unmet needs, especially cognitive and behavioral needs in the first year after injury. A decade later, childhood TBI continued to be inadequately identified, monitored, and treated. A 2017 study in the *Journal of Developmental and Behavioral Pediatrics* <sup>3</sup> found a high rate of unmet needs more than six years after injury in children between 3 and 7 years of age, hospitalized for TBI. Further, Jones et al in their work *Parent and Teacher Reported Child Outcomes Seven Years after Mild Traumatic Brain Injury* 2021 <sup>4</sup>, point out that parents have a unique reporting perspective over teachers with the advantage of pre-injury knowledge of their child. It is essential that we gather this information from parents to fully support students in their education.

In 2016, the American Congress of Rehabilitation Medicine, Pediatric-Adolescent Task Force published a manuscript *Service Delivery in the Healthcare and Educational Systems for Children Following Traumatic Brain Injury: Gaps in Care*<sup>5</sup> which addresses the importance of correctly identifying children with TBI at an educational systems level. In this paper, they cite the low census of children identified in Special Education for traumatic brain injury compared to published injury rates and the estimated number of children living with TBI-related disability. It is known that many children with traumatic brain injury are labeled in the school systems as having other handicapping conditions such as learning or emotional disability which do not adequately represent the child's history and needs. The task force proposed a solution to this problem which included "appropriate, systematic identification" of children with TBI in schools.

Given the much higher prevalence of children with TBI that don't require hospitalization, proper identification of TBI through behavioral health questionnaires are essential to ensure children receive proper management, including behavioral health services and academic supports. Due to current inadequate identification in the schools, these deficits are often overlooked or attributed to other causes and therefore not adequately monitored and provided with behavioral health services in the context of their traumatic brain injury. Without proper identification and management, childhood TBI will continue to be a burden on society due to the high risk for negative outcomes in adulthood, including lower rates of independent living and increased rates of substance abuse, incarceration, and homelessness. Enacting this legislation will help individual children and be a critical step toward systems-level research into outcomes and best practices for children with TBI.

**Kennedy Krieger Institute requests a favorable report on House Bill 657.**

## **References**

1. Centers for Disease Control and Prevention. (2018). Report to Congress: The Management of Traumatic Brain Injury in Children, National Center for Injury Prevention and Control; Division of Unintentional Injury Prevention. Atlanta, GA.
2. Slomine BS, McCarthy ML, Ding R, MacKenzie EJ, Jaffe KM, Aitken ME, Durbin DR, Christensen JR, Dorsch AM, Paidas CN; CHAT Study Group. Health care utilization and needs after pediatric traumatic brain injury. *Pediatrics*. 2006 Apr;117(4):e663-74. doi: 10.1542/peds.2005-1892. Epub 2006 Mar 13. PMID: 16533894.
3. Kingery, K. M., Narad, M. E., Taylor, H. G., Yeates, K. O., Stancin, T., & Wade, S. L. (2017). Do Children Who Sustain Traumatic Brain Injury in Early Childhood Need and Receive Academic Services 7 Years After Injury?. *Journal of developmental and behavioral pediatrics : JDBP*, 38(9), 728–735. <https://doi.org/10.1097/DBP.0000000000000489>
4. Jones KM, Starkey N, Barker-Collo S, Ameratunga S, Theadom A, Pocock K, Borotkanics R, Feigin VL. Parent and Teacher-Reported Child Outcomes Seven Years After Mild Traumatic Brain Injury: A Nested Case Control Study. *Front Neurol*. 2021 Jul 23;12:683661. doi: 10.3389/fneur.2021.683661. PMID: 34367050; PMCID: PMC8342814.
5. Haarbauer-Krupa J, Ciccio A, Dodd J, Ettl D, Kurowski B, Lumba-Brown A, Suskauer S. Service Delivery in the Healthcare and Educational Systems for Children Following Traumatic Brain Injury: Gaps in Care. *J Head Trauma Rehabil*. 2017 Nov/Dec;32(6):367-377. doi: 10.1097/HTR.0000000000000287. PMID: 28060211; PMCID: PMC6027591.