

Chairman Pinsky, Vice Chair Kagan, and distinguished members of the Education, Health, and Environmental Affairs Committee,

Thank you for taking the time to read and/or listen to this testimony. I represent the Maryland Traumatic Brain Injury Advisory Board. I am submitting this written testimony in support of House bill 657, Standardized Behavioral Health Questionnaire for Students – Development and Implementation. For the past several years our top priority as a board has been to improve the identification of students with traumatic brain injury in Maryland schools.

Traumatic Brain Injury (TBI) is often referred to as the silent epidemic. According to the Centers for Disease Control and Prevention (CDC) “TBI is a leading cause of death and disability among children and young adults in United States.” In 2018, The Centers for Disease Control and Prevention published a report to Congress “The Management of Traumatic Brain Injury in Children: Opportunities for Action.” According to the report “it is widely recognized that children with brain injury are under-identified for health and educational services and under-served by existing supports, placing them at risk for poor health and educational outcomes. Understanding the gaps in care and developing approaches for optimal assessment, access to services, and service delivery is critical to ensuring that children with TBI have the best possible treatment and outcomes.”

According to the most recent special education census published by the Maryland State Department of Education in October 2021 there are currently 111,315 students, ages birth to 21, receiving special education services in Maryland. Of those only 211, or .19%, are identified as having TBI as their disability. However, in 2017 alone, data from the Maryland Department of Health reported 4,794 emergency department visits and 210 hospitalizations for Marylanders ages birth through 18 with a diagnosis of TBI. This hospital data has remained consistent for the last 15 years.

The CDC report also cites an estimate of 145,000 school aged individuals living with a persistent disability as the result of a TBI yet the total number of students nationwide receiving services under the disability code of traumatic brain injury is around 25,000. This suggests that less than 20% of students living with a disability because of a TBI are receiving the appropriate services.

This data by itself is enough to suggest a possible discrepancy however there is potentially a much larger group that we are ignoring completely. Individuals that are seen at their doctor’s offices or who receive medical treatment at places other than the hospital are not counted in this data. Neither are individuals that do not receive any treatment at all.

The nature of adolescent brain development can cause the effects of a brain injury to not be evident immediately. The most common part of the brain to be injured is the frontal lobe, which is also the part of the brain that is responsible for executive functioning and higher order thinking. If a child is injured prior to the onset of frontal lobe development and maturation, usually early adolescence, the extent of damage to the frontal lobe might not become evident until years later. For many children that might have suffered a TBI at a younger age the family has completely forgotten about the injury, especially if it did not require extensive medical treatment. The effects of the injury do not manifest themselves until the child enters adolescence and is unable to cope or develop similar to their peers. This often leads to children with TBI being misidentified or diagnosed incorrectly as having emotional disturbance, specific learning disability, other health impairment, or intellectually disabled.

Many times, the school personnel are not aware that a child had a TBI or to what extent a child may have been injured. Parents do not always think to include the school as part of the child's recovery plan. Understandably, it is very easy for a child's "brain injury" to be forgotten about or to get overlooked. Untreated TBI can result in cognitive, social, emotional, and behavioral problems such as substance abuse, violent behavior, and increase in criminal behavior. One study that was done in Minnesota found that over 82% of inmates in a correctional facility had a history of TBI. A history of untreated TBI also results in higher rates of homelessness, substance abuse, mental health diagnosis, additional brain injuries, and lower rates of independent living.

We understand that by simply adding several questions to a questionnaire we are not going to capture every incidence of traumatic brain injury in Maryland students. However, it is our hope that by including TBI in a larger mental health screening, that we will at least begin to see an increase in the number of students whose difficulties may actually be the result of a traumatic brain injury and therefore can begin to get the appropriate interventions and supports that they require in order to achieve their full potential.

Once again thank you for your time and we look forward to a favorable report on House Bill 657.

Thank you,

Martin Kerrigan

Chairperson, Maryland Traumatic Brain Injury Advisory Board