



Date: April 4, 2022

Hearing Date: April 5, 2022

Committee: Senate Education, Health, and Environmental Affairs Committee

**Bill: House Bill 657- Public Schools-Standardized Behavioral Health Screening for Students-
Development and Implementation**

Position: Support

Submitted by:

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Our organization:

The Brain Injury Association of Maryland is a 39-year-old organization providing education, advocacy, and research. One of our primary missions is to operate an information and assistance hotline as part of the no wrong door system for accessing long-term care services. We respond to over 300 calls per month from individuals, family members, and professionals seeking information and assistance to help people living with brain injury. We support the development and implementation of behavioral health screening to help identify the needs of children in Maryland schools who sustained a brain injury and may be struggling with ongoing symptoms.

Rationale:

As a result of TBI, children can experience changes in their health, thinking, behavior, self-regulation, and social skills, all of which are important for success in school and the impacts carry on into adulthood. Symptoms and impact of a brain injury vary based on the part of the brain injured, severity of injury and the age or development of each child. The full impact of a brain injury sustained in early childhood may not be realized until they are much older. Younger children navigate very structured environments and do not have to make complex decisions. As children get older and responsibilities for planning, organizing, decision making and responding to more complex social situations shift from adults to the child, the full impact of a brain injury that may have happened years before can become evident.

Each year in the United States, approximately 475,000 children under the age of 14 years sustain a TBI and approximately 30,000 have long-term disabilitiesⁱ Data from Maryland Institute for Emergency Medical Services System (MIEMMS) show that an average of 987 children visited Maryland Trauma Centers for treatment of a traumatic brain injury (TBI) between 2017-2020. Children ages 0-4 and 15-18 are the age groups most likely to be treated at the trauma centers and the groups who sustained the most severe injuries based on Glasgow Coma Scale Scores.ⁱⁱFalls were the most common mechanism of injury for the 0-4 age group followed by abuse and motor vehicle collisions. In 2020 there was a 48%

increase in TBI as a result of abuse between 2019-2020 data. African- American children were more likely to receive treatment for TBI in trauma centers than their white counterparts. Males were twice as likely as females to be treated for TBI in Maryland trauma centers. These numbers do not include children treated in community hospitals, urgent care, physician's offices, or those who received no treatment at all. The actual incidence is likely many times higher but is not reported in a systematic manner. The majority of children who sustain a brain injury or concussion recover fully and do not live with long-term effects. However, 14% of those who sustained a mild injury and 61% of children who sustained a moderate to severe injury experienced a disability as a result of the TBIⁱⁱⁱ which can include physical, cognitive, and emotional symptoms. Despite the number of severe brain injuries reported among school-aged children, there are currently only 234 Maryland students identified as requiring special education services as the result of a traumatic brain injury.^{iv} This is 0.2% of the total population of students currently receiving special education services in Maryland schools. Children with a life-time history of TBI as reported by their parents were twice as likely to report that their children had symptoms of depression, anxiety or behavioral or conduct problems that children without a life-time history of brain injury^v. One systematic review showed that up to 50% of children who sustained a brain injury developed behavioral problems and disorders^{vi}. Implementing a behavioral health screening that includes history of TBI can help ensure that these children are appropriately identified and assessed for any additional services and support that they need.

We ask that the Education, Health, and Environmental Affairs Committee give a favorable report to HB 657.

Additional Resources:

[TBI Advisory Board Report](#) 2019-Note 2020 and 2021 Advisory Board Reports are awaiting approval from the Maryland Department of Health before they can be released.

*Charts from MIEMMS can be sent upon request

ⁱ Prasad MR, Swank PR, Ewing-Cobbs L. Long-Term School Outcomes of Children and Adolescents With Traumatic Brain Injury. *J Head Trauma Rehabil.* 2017;32(1):E24-E32. doi:10.1097/HTR.0000000000000218

ⁱⁱ Data from MIEMMS Trauma Registry

ⁱⁱⁱ <https://www.cdc.gov/traumaticbraininjury/pdf/reportstocongress/managementoftbiinchildren/TBIRTCExecutiveSummary.pdf>

^{iv} [Maryland Special Education Census Data](#)

^v Haarbauer-Krupa J, Lee AH, Bitsko RH, Zhang X, Kresnow-Sedacca M. Prevalence of Parent-Reported Traumatic Brain Injury in Children and Associated Health Conditions. *JAMA Pediatr.* 2018;172(11):1078–1086. doi:10.1001/jamapediatrics.2018.2740

^{vi} AUTHOR=Ewing-Cobbs Linda, Montroy Janelle J., Clark Amy E., Holubkov Richard, Cox Charles S., Keenan Heather T. As Time Goes by: Understanding Child and Family Factors Shaping Behavioral Outcomes After Traumatic Brain Injury. *Frontiers in Neurology* Volume 12, 2021 <https://www.frontiersin.org/article/10.3389/fneur.2021.687740>

ISSN=1664-2295