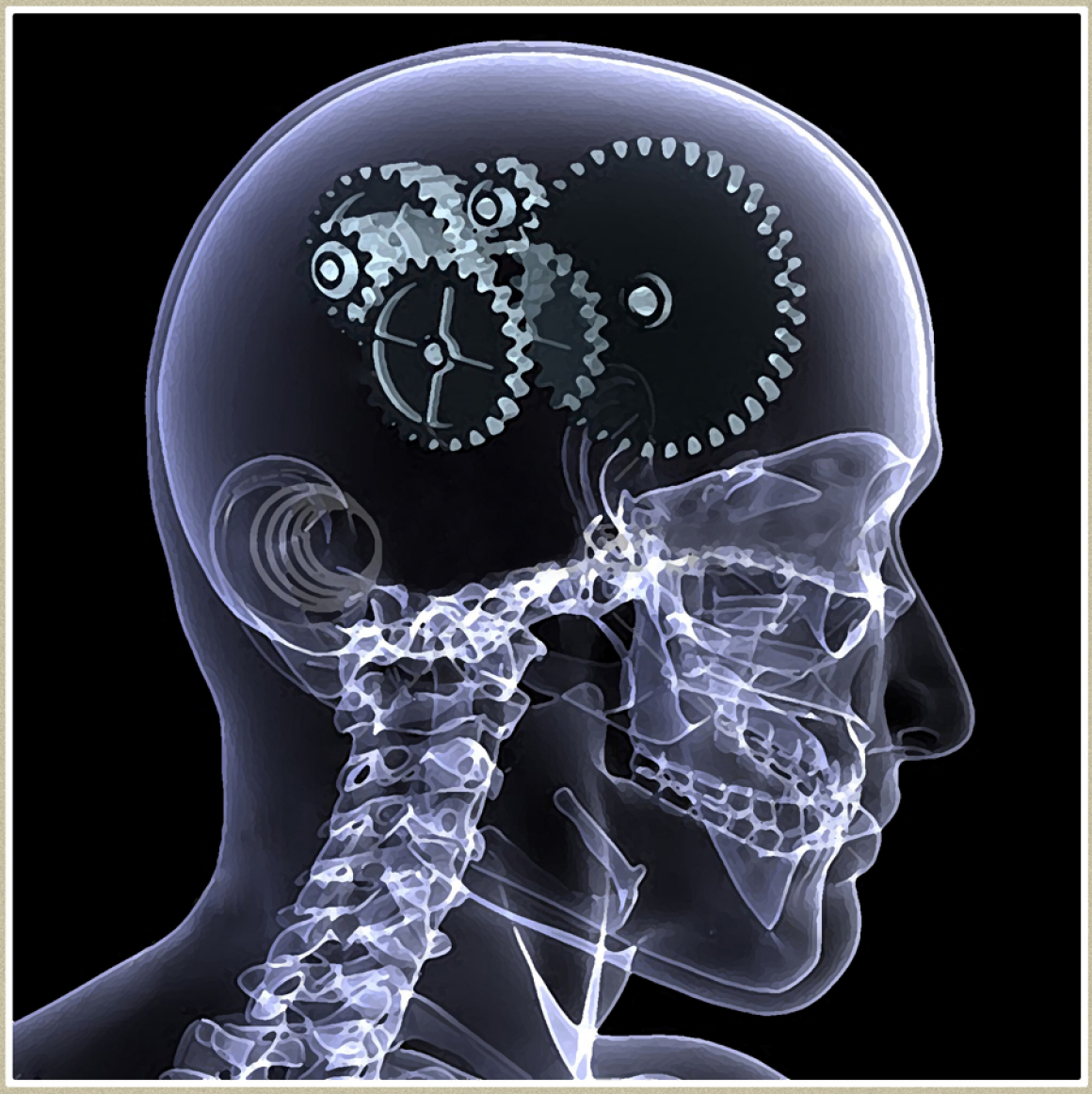
MARYLAND
Traumatic Brain Injury Advisory Board



2015
Annual Report

Report Summary

- Traumatic brain injury (TBI) is "an injury that disrupts the normal function of the brain… caused by a bump, blow, or jolt to the head or a penetrating head injury [or} explosive blasts." (CDC)
- A TBI may be classified as mild, moderate, or severe depending on the patient's neurologic signs and symptoms. Symptoms may include: difficulties with memory, attention, learning, or coordination; headaches; fatigue; sleep disturbances; mood disorders; post-traumatic epilepsy; and increased risk of dementia.
- TBI can sometimes be difficult to diagnose, but early detection is critical. An accurate diagnosis, or the lack thereof, of both the TBI and its health effects will impact the individual's medical care, discharge planning, service needs, and rehabilitation.
- Brain injuries are acute events with potentially chronic implications. They can be debilitating or fatal.
- Children, seniors and military service members are at heightened risk for brain injury.
- The leading causes of non-fatal TBI in the United States are falls (35%), motor vehicle-related injuries (17%), and strikes or blows to the head from or against an object (17%), such as in sports injuries. Nationally, the leading causes of TBI-related deaths are motor vehicle crashes, suicides, and falls. In Maryland, the leading cause of TBI-related deaths is firearms.

- Services and supports that are currently available to Marylanders who sustain a brain injury include trauma and emergency services, inpatient and outpatient rehabilitation, long term services and supports (both institutional services such a nursing facility and home and community based services), special education services and educational accommodations for students, behavioral health services, case management, and active advocacy organizations.
- The gaps in Maryland largely revolve around the lack of coordination of these services and supports, limited access to case management and home and specialized home and community based supports, misdiagnosis or under-identification of brain injury by educators, human service professionals, and behavioral health providers, and inadequate clinical services to support individuals who experience neurobehavioral issues following a brain injury.

- Appropriately screen for and identify children and youth with brain injuries
- Implement brain injury screening protocols for participants in Maryland's public health systems, including behavioral health services, veteran's initiatives, and home and community based services
- Expand and improve services offered through the Brain Injury Waiver.
- Fund the State of Maryland Dedicated Brain Injury Trust fund to support care coordination and evidenced based practices.

Introduction to the Maryland Traumatic Brain Injury Advisory Board (TBIAB)

The Maryland State Traumatic Brain Injury Advisory Board (TBIAB) was authorized in October 2005. (Chapter 306, Acts of 2005; Chapter 236, Acts of 2008) The TBIAB consists of 36 voting members, who represent consumers, families and caregivers, advocates, government officials, health care professionals and elected officials. For a complete list of members, please see Appendix A.

- The *Vision* of the TBI Advisory Board is to prevent brain injury and maximize the quality of life for every Marylander affected by brain injury.
- The *Mission* is to identify needs, gaps in services, and potential funding resources by building relationships and collaborating with elected officials and heads of state agencies that will influence policy, promote prevention, education, and effective interventions that impact outcomes in order to support recovery and quality of life for every Marylander affected by brain injury.

The statutory charge of the TBIAB is to:

- Investigate the needs of citizens with traumatic brain injuries;
- Identify gaps in services to citizens with traumatic brain injuries;
- Facilitate collaboration among State agencies that provide services to individuals with traumatic brain injuries;
- Facilitate collaboration among organizations and entities that provide services to individuals with traumatic brain injuries; and
- Encourage and facilitate community participation in program implementation.

The TBIAB is required by § 13-2105(6) of the Health General Article, Md. Ann. Code, in accordance with § 2-1246 of the State Government Article, to issue an annual report to the Governor and the General Assembly that contains recommendations for:

- Providing oversight in acquiring and utilizing State and federal funding dedicated to services for individuals with traumatic brain injuries;
- Building provider capacity and provider training to address the needs of individuals with traumatic brain injuries; and
- Improving the coordination of services for individuals with traumatic brain injuries.

The following report reflects the work done by the TBIAB during FY2015 and includes a list of recommendations for ways Maryland can enhance systems of care for Marylanders living with brain injury and can increase awareness about brain injury and brain injury prevention.

INTRODUCTION TO THE MARYLAND BRAIN INJURY TRUST FUND

Pursuant to Health-General Art., 13-21A-02(i), Md. Ann. Code, the Department of Health and Mental Hygiene ("the Department") is required to submit a report on the State Brain Injury Trust Fund, including the number of individuals served and the services provided in the preceding fiscal year using the Fund. The Trust has not received any new funds since the passage of Senate Bill 632, Chapter 511 of the Acts of 2013. Therefore, the Department was unable to provide services to any individuals with a brain injury through this fund in Fiscal Year 2014. In planning to accept future funds through a dedicated funding source or private donation, the Department did establish an account (PSA Code M258S) for this purpose and has the capacity to allocate funding for services if monies are received. Additionally, the Department has established a Trust Fund Advisory Committee and obtained two independent reports. The first reports on brain injury trust funds across the country and the second describes insurance coverage and case management utilization in Maryland, and evidence- based practices. The Maryland TBI Advisory Board has made recommendations related to use of the Brain Injury Trust Fund, which are included on page 11 of this report.

UNDERSTANDING BRAIN INJURY: A National and State Perspective

The Centers for Disease Control and Prevention (CDC) define traumatic brain injury (TBI) as "an injury that disrupts the normal function of the brain… caused by a bump, blow, or jolt to the head or a penetrating head injury [or} explosive blasts." A TBI may be classified as mild, moderate, or severe depending on the patient's neurologic signs and symptoms. Everyone experiences brain injury differently. Symptoms may include: difficulties with memory, attention, learning, or coordination; headaches; fatigue; sleep disturbances; mood disorders; post-traumatic epilepsy; and increased risk of dementia. Caregivers of people with TBI may also experience negative health effects, including stress-related disorders and depression.

TBI can sometimes be difficult to diagnose, but early detection is critical. While some TBI symptoms might disappear entirely, other symptoms might result in partial or permanent disability. For example, children who experience TBI may experience developmental delays or other health effects that do not become obvious until well after the initial injury. An accurate diagnosis, or the lack thereof, of both the TBI and its health effects will impact the individual's medical care, discharge planning, service needs, and rehabilitation.

Without proper identification and supports, brain injury affects the whole community. Across all demographics, individuals with TBI have higher incidences of unemployment and court-involvement than their peers without brain injury. Approximately 45% of U.S. veterans of the Iraq and Afghanistan wars who

suffered TBI are unemployed.[1] Approximately 30% of juvenile offenders have sustained a previous TBI.[2] The estimated prevalence of TBI in the overall offender population is 60.25**%**. Several studies have also found that larger percentages of people experiencing homelessness have a history of brain injury as compared to the general population. The resulting difficulties include increased risk of sustaining multiple subsequent brain injuries and greater difficulty re-integrating into functional roles in the community. [3]

Brain injuryis common. More people survive a brain injury than ever before, largely due to improved emergency medical care. It is estimated that, in the United States, between 3.2 million and 5.3 million people are living with a TBI-related disability. In 2010, the CDC estimated that TBIs accounted for 2,213,826 injuries requiring treatment and release from emergency rooms; 283,630 injuries requiring hospitalization; and 52,844 injuries resulting in death. According to the Department's Core Violence and Injury Prevention Program incidence data, during 2012, 706 Marylanders died a as result of a TBI; 5,231 Marylanders were hospitalized as a result of a TBI and 38,128 Emergency Department visits in Maryland were attributed to TBI-related injuries. Children, seniors and military service members are at heightened risk for brain injury. In the United States, children aged 0–4 years, adolescents aged 15–19 years, and adults aged 75 years and older are among the most likely to experience a TBI requiring emergency room care hospitalization. Maryland hospital data indicates that over 6,500 children and youth between the ages of birth and 21 were hospitalized for a traumatic brain injury between 2005 and 2009. Adults aged 75 years and older have the highest rates of TBI-related hospitalizations and deaths. Service members are also at a heightened risk of TBI. From 2000 through 2011, 235,046 service members (or 4.2% of the 5,603,720 who served in the Army, Air Force, Navy, and Marine Corps) were diagnosed with a TBI.

Brain injury can result from everyday activities, as well as exposure to high-risk activities or violence. The leading causes of non-fatal TBI in the United States are falls (35%), motor vehicle-related injuries (17%), and strikes or blows to the head from or against an object (17%), such as in sports injuries. Nationally, the leading causes of TBI-related deaths are motor vehicle crashes, suicides, and falls. In Maryland, the leading cause of TBI-related death is firearms.

Brain injury can be costly. According to the CDC, the national annual cost associated with TBI is estimated to be $76.5 billion. The average lifetime health care costs for a person with a TBI are $85,000, but can exceed $3 million, depending on the severity of the injury and other factors. According to the Hilltop Institute, the number of Medicaid beneficiaries in Maryland with TBI increased by 37% between 2007 and 2011. On average, 7,000 Medicaid beneficiaries had a history of brain injury; approximately 61% of these beneficiaries are under the age of 50. Between FY2010 to FY2012, approximately 3,000 Maryland Medicaid beneficiaries with a history of brain injury had a nursing facility stay. Compared to their non brain-injured counterparts, these beneficiaries were younger and their annual average costs to Medicaid were higher. Individuals with brain injury enter nursing facilities at a significantly younger age than individuals who have not sustained a brain injury, meaning that they are likely to need a greater amount of nursing care over their lifetime.

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[1]Journal of Head Trauma Rehabilitation: Post Author Corrections: October 13, 2014 Associations Between Traumatic Brain Injury,14

[2]Farrer, TJ., Frost, RB., & Hedges, DW (2013) Journal of Child Psychology

[3]Topolovec-Vranic et al., (2014) Canadian Medical Association Journal

SERVICES, SUPPORTS, AND GAPS IN MARYLAND

Maryland has an array of high quality but uncoordinated services in place for individuals who have sustained a brain injury and their families. However, there are significant gaps that must be eliminated.

Acute Health Care

Trauma Care. Emergency care for TBI is provided by Maryland's Emergency Medical Services (EMS) System, a coordinated statewide network that includes volunteer and career EMS providers, medical and nursing personnel, communications, transportation systems, trauma and specialty care centers and emergency departments.

> **Gap:** Many individuals who sustain a mild brain injury, such as a concussion, do not seek treatment in these settings. They are more likely to seek treatment in a physician's office or an urgent care center, or to seek no treatment at all. As a result, TBI can be misdiagnosed and/or the impact of the injury and resulting deficits underestimated, leading to lack of adequate follow up and supports. Additionally, state and national incidence data is based on hospital data so it is widely accepted that the true incidence of TBI is much higher than what is reported by the CDC and state surveillance systems since there is currently no system for tracking TBIs treated in non-hospital settings.

Brain Injury Rehabilitation Maryland offers Rehabilitation services that are provided by CARF-accredited inpatient and outpatient rehabilitation facilities and programs.

> **Gap:** The length of stays in inpatient facilities has decreased significantly over the years and it is now increasingly more common for individuals with brain injury to receive rehabilitation in a nursing facility or to have little or no access to rehabilitation services. There are no specialized brain injury units within Maryland nursing facilities and therefore access to rehabilitation services that are designed for individuals with brain injury is more limited than ever before.

Case Management Case management is defined by the Centers for Medicare and Medicaid Services (CMS) as a service that helps eligible people gain access to needed medical, social, educational, and other services. Maryland's Medicaid case management services, which are provided under a number of programs, vary in name and scope and are offered by a variety of providers.

> **Gap:** Although case management has been demonstrated to help reduce re-admissions to hospitals and improve rehabilitation outcomes, Maryland is able to offer case management to only a small percentage of the TBI community. The lack of case management limits timely access to appropriate services and supports and thereby negatively affects clinical outcomes.

Community Living Services

Home and Community Based Services. Services provided in a person's home or in the community as an alternative to care in an institutional setting such as a nursing facility. Maryland operates six home and community based waiver programs and three state plan programs that offer personal care and other supports.

> **Gap:** Of the approximate 7,000 Maryland Medicaid beneficiaries who have sustained a TBI, only 11% are enrolled in home and community based services according to the Hilltop Institute at University of Maryland, Baltimore Campus.

Brain Injury Waiver. There is one home and community based program in Maryland designed specifically for individuals with brain injury. It is a small specialty program designed to support individuals with moderate to severe deficits resulting from their injury who meet the financial, medical and technical eligibility for the program.

Gap: Eligibility for the Brain Injury Waiver currently is based on "facility-based access," meaning it is limited to individuals transitioning out of four State-operated chronic hospital/nursing facility settings and five State psychiatric hospital settings. This limits access to the program for individuals who are in need of this level of support but do not reside in one of those institutional settings.

Behavioral Health Services. Maryland has integrated mental health services and substance use disorder services. These conditions frequently occur in conjunction with or as a result of a brain injury. The cognitive, emotional and behavioral symptoms that result from brain injury can impact the effectiveness of traditional behavioral health services.

Gap: Behavioral Health providers do not routinely screen the individuals they serve for a history of a brain injury. This often leads to misdiagnosis, under-identification, and insufficient supports and services for both children and adults.

Gap: There is a lack of appropriate behavioral health supports for people with brain injury. People with severe brain injuries, particularly those that cause severe behavioral changes - such as lack of initiation, impulsivity, agitation and aggression - face numerous challenges that impede the recovery and rehabilitation process, including the ability to return home to their families, jobs, and communities.[i] Based on trends from information and referral calls placed to Maryland's TBI lead agency and the Brain Injury Association of Maryland, Maryland does not have a coordinated array of services in place to adequately meet the complex neurobehavioral needs of these extremely vulnerable individuals. Brain injury and lack of appropriate care can result in higher rates of incarceration, suicide, and unnecessary utilization of emergency department and hospitals. Furthermore, Marylanders with brain injury who are experiencing a behavioral health crisis have very limited access to interventions that are designed for this population. Most crisis services, whether crisis intervention teams, outpatient services or hospital services, are designed for individuals with serious mental illness and they are unequipped and often unwilling to treat individuals with brain injury, who often require cognitive behavioral approaches and also have sensitivities to medications that are typically used to treat mental illness.

Education Supports

Special Education Services. The Individuals with Disabilities Education Act (IDEA) requires schools to protect the rights of children with disabilities and ensure these students have access to a free and appropriate education. IDEA covers children with specific disabilities, including brain injury.

Gap: There is a significant discrepancy between the number of school-age children being treated in Maryland hospitals who are diagnosed with TBI and the number of Maryland students receiving special education services with a diagnosis of TBI. In 2012 and 2013, 1,349 Maryland children aged birth through 21 were discharged from Maryland hospitals with a diagnosis of traumatic brain injury (TBI). Yet, there are only 243 Maryland students receiving special education services under the Individuals with Disabilities Education Act (IDEA) classification code of TBI. This under-identification may occur because TBI symptoms overlap with symptoms of other disabilities including emotional disability and learning disability as defined by the IDEA. Incorrectly diagnosing students with emotional disturbance or specific learning disability while failing to recognize TBI is likely to lead to inappropriate Individualized Education Programs (IEPs) because goals and objectives do not address the student's unique needs.

Legislation and Advocacy

Advocacy. The Brain Injury Association of Maryland is the only advocacy organization geared specifically to individuals with brain injury. Other advocacy organizations such as the Centers for Independent Living and Maryland Disability Law Center, the state's protection and advocacy organization, provide assistance to individuals with disabilities, including brain injury. All three of these organizations are represented on the TBIAB.

Concussion law. On May 19, 2011, the concussion bill was signed into law, mandating the implementation of concussion awareness programs throughout the state and requiring student athletes who demonstrate signs of a concussion to be removed from practice or play.

Helmet Law. Board members have successfully advocated against the repeal of Maryland's motorcycle helmet law. Multiple states have repealed only to reinstate all-rider helmet laws due to the significant increase in motor cycle deaths (Louisiana, Texas, Arkansas, and Florida).

RECOMMENDATIONS FOR MARYLAND

The TBIAB recommends the following steps be taken in Maryland to address the needs and gaps in services for Marylanders with traumatic brain injuries.

I. *Appropriately screen for and identify children and youth with brain injuries*
II. *Implement brain injury screening protocols for participants in Maryland's public health systems, including behavioral health services, Veterans' initiatives, and home and community based services*
III. *Expand and improve services offered through the Brain Injury Waiver.*
IV. *Fund the State of Maryland Dedicated Brain Injury Trust Fund to support care coordination and evidence-based practices.*

I. Appropriately screen for and identify children and youth with brain injuries

RECOMMENDED ACTIONS:

Require that the Maryland State Department of Education (MSDE) improve screening for students with brain injuries by:

- Requiring local education agencies to add screening questions designed to capture incidents of head injury or loss of consciousness suffered at any time by the student to existing annual school health forms and to any other screenings, followed by developing a protocol for responding to positive responses to that question.
- Requiring schools to mandate a signature from a qualified medical professional on the concussion screening questionnaire that is required for all high school athletes in Maryland. Head injuries are currently self-reported on that questionnaire.
- Increasing dissemination of concussion awareness materials and brain injury training to school psychologists, counselors, teachers, administrators, health room staff, athletic departments, coaches, trainers, students and parents.

ANALYSIS:

In 2012 and 2013, 1,349 Maryland residents aged 0 through 21 were discharged from Maryland hospitals with a diagnosis of traumatic brain injury (TBI). This total does not capture the full extent of brain injury among this age population, as it does not include those seen by private practitioners or in urgent care facilities. Yet, in spite of the large number of severe head injuries among school-aged children in Maryland, there are currently only 243 Maryland students receiving special education services under the Individuals with Disabilities Education Act (IDEA) classification code of TBI.

Under-identification of head injury may occur because TBI symptoms can be misinterpreted as other disabilities, such as emotional disability and learning disability, for the purposes of special education services. Incorrectly identifying students as having an emotional or learning disability, while failing to recognize the underlying TBI, leads to inappropriate Individualized Education Plans (IEPs) with goals and objectives that do not address the student's actual needs.

Other states, such as Pennsylvania and Colorado, have already begun implementing programs that specifically address the needs of students with brain injuries and their families. TBI can have a significant impact on classroom performance and behavior in children and youth. It is critical that TBI be fully understood by all involved in developing programs for students with disabilities so that appropriate assessments, especially neuropsychological assessments, are obtained. Without proper identification and assessment, students with a diagnosis of TBI cannot be identified or served appropriately and their ability to be successful in school and transition to adulthood is compromised, and the likelihood of consuming limited State resources in the future increases.

II. Implement brain injury screening of participants in Maryland's public health services, including behavioral health services, veteran's initiatives, and home and community based services

RECOMMENDED ACTIONS:
Maryland's health and human service agencies should improve Marylanders' access to brain injury resources by:

- Screening individuals who receive services through these systems for a history of brain injury and the cognitive and behavioral issues that commonly occur following a brain injury.

ANALYSIS:

Many people who seek services through Maryland's public behavioral health system, home and community based services, and Veterans' initiatives have an undiagnosed brain injury. It is crucial that these programs implement a brain injury screening protocol in order to identify a history of brain injury and ensure that the services provided adequately meet their needs.

Brain injury screening is also highly recommended to better support victims of domestic violence, individuals who are homeless, individuals with behavioral health disorders, and individuals who are incarcerated. When professionals working in these settings are made aware of a history of brain injury, they are then able to understand the behavior of the individual and accommodate treatment and interventions leading to more successful outcomes.

Brain injury is often not a visible disability, and yet a history of a brain injury can result in significant deficits that can impact clinical outcomes, social functioning, employment, and mental health. Many individuals who have sustained a brain injury are often not aware of the impact of their injuries and may not know the importance of reporting their brain injury or seeking aftercare or supports. By encouraging agencies that provide human service programs to spread brain injury awareness, they may help educate consumers of their health needs.

III. Expand and improve services offered through the Brain Injury Waiver.

RECOMMENDED ACTIONS:
Require the Department to improve the quality and quantity of resources for people with complex medical needs resulting from traumatic brain injury by:

- Creating a Brain Injury Waiver Ombudsman program that monitors program quality, protects participants' rights, and resolves conflicts that arise between program participants, families and providers of waiver services.
- Assessing the Brain Injury Waiver's supported employment services and rate structure to determine whether there are structural or financial barriers to improving employment outcomes for waiver participants.
- Changing the eligibility for the Brain Injury Waiver to a neurobehavioral needs-based set of criteria rather than facility-based access.

ANALYSIS:

There are currently over 7,000 Medicaid beneficiaries living with a brain injury in Maryland. Fewer than 800 of those beneficiaries are enrolled in Medicaid Home and Community Based Services, and fewer than 100 people are served through the Maryland Brain Injury Waiver. Approximately 3,000 Medicaid beneficiaries with brain injury receive services in a Maryland nursing facility each year.

Low enrollment in the Brain Injury Waiver is due to narrow technical eligibility and limited available slots in the program. The Brain Injury Waiver is currently based on "facility-based access," meaning that it is limited to individuals transitioning out of four State-operated chronic hospital/nursing facility settings and five State psychiatric hospital settings. However, access to the Brain Injury Waiver should be based on the actual neurobehavioral needs of people who have experienced brain injuries.

For those who do participate in the Brain Injury Waiver, a program ombudsman is needed to assist participants, families and providers to resolve conflicts, complaints and concerns about quality. This ombudsman model is well established and exists for residents of nursing facilities and assisted living facilities in Maryland.

Additionally, as noted in Section 1, a disproportionate number of people with brain injuries struggle with unemployment. Employment is recognized as a core indicator of success for the population served through the Brain Injury Waiver. Concerns have been raised by participants and advocates that the current service and rate structure of supported employment services may prevent access to meaningful job training and employment services for waiver participants. A review of the waiver program's supported employment services, as well as a rate study to determine if providers are being reimbursed appropriately, would likely improve the quality and outcomes of these services.

IV. Fund the State of Maryland Dedicated Brain Injury Trust Fund to support the provision of care coordination and evidenced based practices.

RECOMMENDED ACTIONS:

The State of Maryland should support a system of coordinated case management for people with brain injury by:

- Dedicating $499,999 in the State budget to the State of Maryland Dedicated Brain Injury Trust Fund to serve as a funding source for a statewide care coordination pilot program for Marylanders who sustain a brain injury.
- Exploring potential sustainable sources of funding for the Brain Injury Trust Fund.

ANALYSIS:

The Maryland Brain Injury Trust Fund was established by the General Assembly in 2013 (SB 632, Chapter 511). If adequately funded, this Fund would provide services to individuals with a medically-documented brain injury with incomes at or below 300 percent of the federal poverty level (FPL) who have exhausted all other health, rehabilitation, and disability benefits. The Maryland Behavioral Health Administration (BHA) has been tasked with identifying the services to be covered under the Fund and the costs of providing those services, as well as developing the policies and procedures for administration of the Fund. BHA has established a Trust Fund Advisory Committee and obtained two independent reports. The first studied brain injury trust funds across the country and the second looked at insurance coverage in Maryland and case management utilization, and researched evidence-based practices.

Case management or care coordination is the highest priority service to be covered through this fund for the following reasons:

- It significantly improves timely access to available services and supports, which potentially reduces costs over time;
- It is considered a best practice among state brain injury programs as well as the workman's compensation industry and the Department of Defense;
- Only a small percentage of Marylanders with brain injury are able to access Medicaid-funded case management services, and private insurance does not cover case management;
- The existence of an established brain injury case management, or care coordination, program, will help identify the other gaps and priorities that may need to be covered through the fund.

Maryland TBI Advisory Board Membership

Thirty-six members constitute the Maryland Traumatic Brain Injury Advisory Board. (Health-General Article, §§ 13-2101 through 13-2105, Md. Ann. Code) Membership consists of individuals who have sustained a brain injury, family members and caregivers, advocacy organizations, professionals working in the field of brain injury treatment and rehabilitation, Maryland State Government agencies, and two members of the Maryland State Legislature. Half of the membership is appointment by the Governor and half is appointed by the Directors of the agencies that are required by statute to serve on the Board.

The Board has established one standing committee, SAFE (Survivors and Families Empowered). The SAFE committee was created as a place for the members of the Maryland Traumatic Brain Injury Advisory Board who are living with a brain injury or who are family members of individuals with brain injuries to obtain support and a sense of unity in board matters. One of the main goals of the committee is to ensure that individuals with brain injury and family members are active participants in Board meetings and activities.

Maryland Accomplishments:

Since the establishment of the Maryland TBI Advisory Board, some progress has been made to improve the system of services and supports available to Marylanders with brain injury. Through active participation in a multitude of committees, workgroups and task forces, the Board has successfully advocated for policy changes, including the creation of the State Dedicated Brain Injury Trust Fund, the concussion bill, meaningful changes to the Brain Injury Waiver, and ongoing protections for Maryland's motorcycle safety laws.

In FY2015:

- The Brain Injury Association of Maryland, which holds several seats on the TBIAB, hosted a two-day brain injury conference in March, which was attended by over 450 individuals and families affected by brain injury, advocates, government representatives, health care and human service professionals.
- The Department's Behavioral Health Administration employs a full time trainer to enhance the ability of human service professionals and home and community based services providers to identify and support individuals with brain injury within their programs. In FY15, twenty-five trainings conducted reaching over five hundred people.
- DHMH's Center for Injury and Sexual Assault Prevention, in conjunction with the CDC and other partners, sponsored a webinar titled, *Traumatic Brain Injury: The Impact of Concussion on Youth in Return to Play and Return to Learn.*
- The TBIAB has created several subcommittees to promote the work of the board, consisting of Advisory Board members and non-members, including: SAFE (Survivors and Families Empowered), the Brain Injury Waiver and Long Term Services Advisory subcommittee, and the Education subcommittee. Additional ad hoc committees are formed as needed.
- The Brain Injury Association in conjunction with TBIAB hosted a brain injury awareness conference in Annapolis to educate legislators about brain injury in honor of Brain Injury Awareness month (March).

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Democrat, District 39,
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Delegate Jeffrey D. Waldstreicher
Democrat, District 18,
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