

SENATE BILL REPORT

SB 5586

As Reported by Senate Committee On:
Human Services, Reentry & Rehabilitation, February 19, 2019

Title: An act relating to requiring traumatic brain injury screenings for children entering the foster care system.

Brief Description: Requiring traumatic brain injury screenings for children entering the foster care system. [**Revised for 1st Substitute:** Concerning traumatic brain injury screenings for children entering the foster care system.]

Sponsors: Senators Darneille, Rivers, Hasegawa, Fortunato, Hunt, Wilson, C., Takko, Rolfes, Schoesler, Warnick, Honeyford, Walsh, Wilson, L., Zeiger, Sheldon, McCoy, Lias, Keiser, Kuderer, Nguyen and Saldaña.

Brief History:

Committee Activity: Human Services, Reentry & Rehabilitation: 2/06/19, 2/19/19 [DPS].

Brief Summary of First Substitute Bill

- The Bree Collaborative (collaborative) is to evaluate the most effective and beneficial way to screen children placed in out-of-home care for traumatic brain injuries.
- The collaborative is to report its findings and recommendations to the Governor and Legislature by December 1, 2020.

SENATE COMMITTEE ON HUMAN SERVICES, REENTRY & REHABILITATION

Majority Report: That Substitute Senate Bill No. 5586 be substituted therefor, and the substitute bill do pass.

Signed by Senators Darneille, Chair; Nguyen, Vice Chair; Walsh, Ranking Member; Cleveland, O'Ban, Wilson, C. and Zeiger.

Staff: Alison Mendiola (786-7488)

Background: Traumatic Brain Injury. Traumatic brain injury (TBI) occurs when a sudden trauma causes damage to the brain. A TBI can result when the head suddenly and violently hits an object, or when an object pierces the skull and enters brain tissue. Symptoms of a

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TBI can be mild, moderate, or severe, depending on the extent of the damage to the brain.

TBI can cause a wide range of functional changes. Disabilities resulting from a TBI depend upon the severity of the injury, the location of the injury, and the age and general health of the individual. Some common disabilities include problems with cognition (thinking, memory, and reasoning), sensory processing (sight, hearing, touch, taste, and smell), communication (expression and understanding), and behavior or mental health.

According to the Centers for Disease Control (CDC), in 2013, about 2.8 million TBI-related emergency department visits, hospitalizations, and deaths occurred in the United States. Being struck by or against an object was the second leading cause of TBI, accounting for about 15 percent of TBI-related emergency visits, hospitalizations, and deaths in the United States in 2013. For children under the age of fifteen, one in five, or 22 percent of TBI-related emergency visits, hospitalizations, and deaths were caused by being struck by or against an object.

Washington Traumatic Brain Injury Strategic Partnership Advisory Council. The Washington Traumatic Brain Injury Strategic Partnership Advisory Council (TBI Council) was created in 2007. Part of the TBI Council's ongoing work includes public awareness about TBI. The TBI Council has determined, among other things, that children from birth until four years old are disproportionately impacted by TBI.

Foster Care. The Department of Children, Youth and Families has guidelines to identify all children in a state-assisted support system who are likely to need long-term care or assistance because they face physical, emotional, medical, mental or other long-term challenges. The guidelines must consider a number of factors in identifying children in need of long-term care or assistance, including:

- placement within the foster care system for two years or more;
- multiple foster care placements;
- repeated unsuccessful efforts to be placed with a permanent adoptive family;
- chronic behavioral or educational problems;
- repetitive criminal acts or offenses;
- failure to comply with court-ordered disciplinary actions and other imposed guidelines of behavior, including drug and alcohol rehabilitation; and
- chronic physical, emotional, medical, mental, or other similar conditions necessitating long-term care or assistance.

Children entering foster care are evaluated for long-term needs within 30 days of placement.

Bree Collaborative. In 2011, the Legislature established the Dr. Robert Bree Collaborative (collaborative) so that public and private health care stakeholders would have the opportunity to identify specific ways to improve health care quality, outcomes, and affordability in Washington State. These stakeholders are appointed by the Governor as collaborative members and represent public health care purchasers for Washington State, private health care purchasers, health plans, physicians and other health care providers, hospitals, and quality improvement organizations.

Summary of Bill (First Substitute): All children entering foster care are to be screened for TBI within 30 days of placement. If the screening reveals symptoms of TBI, the child is to be referred to a primary care physician or pediatrician for further evaluation and the caregivers given information about the effects of TBI in children. If necessary, the primary care physician or pediatrician may refer the child to a physician who specializes in TBI. A TBI includes concussion.

EFFECT OF CHANGES MADE BY HUMAN SERVICES, REENTRY & REHABILITATION COMMITTEE (First Substitute): To improve the health outcomes for children placed in out-of-home care, the collaborative is to evaluate the most effective and beneficial way to screen children placed in out-of-home care for traumatic brain injuries.

By December 1, 2020, the collaborative is to report to the Governor and Legislature the following information:

- the most effective way to screen children entering foster care for traumatic brain injury;
- recommendations as to when the screenings should occur;
- who should conduct the screening; and
- what screening tools should be used to conduct the screening.

This act expires December 21, 2020.

Appropriation: None.

Fiscal Note: Requested on January 24, 2019

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: Children entering foster care are at risk of having a traumatic brain injury and we have a duty to screen for this as they enter state care. Otherwise, this can exacerbate the trauma of foster care. There is a screen tool that can be used and if any symptoms are found the child can be referred to a doctor for further screening. Statistically, 1 in 222 seen in the emergency room for a mild concussion can result in cognitive issues. They cannot get better without help, the first two years after an injury, which includes concussion, are the most crucial in making improvements. A recent study shows teens with a concussion can get better with aerobic exercise within days of injury. So much more can be done with early screening. As a former teacher, I now realize many had symptoms of TBI, headaches, sensitivity to light, labeled with behavioral issues. Every athlete has to be screened to play sports each year, but not the same for foster care. The tools used have different checklists for different age groups. A doctor at Children's who is on the Traumatic Brain Injury Strategic Partnership Advisory Council has reviewed this legislation and thinks it is a good idea. Many pregnant and parenting women I worked with were addicts and victims of domestic violence. The women and their kids were never screened for TBI. Now some of these kids can be found on the streets of downtown Olympia. They never had the screening or the skills to learn.

Persons Testifying: PRO: Senator Jeannie Darneille, Prime Sponsor; Mike Hoover, TBI Advocates; Daniella Clark, TBI Advocates; Edwina Waehling, TBI Group Co-Facilitator; Nick Mernoosh, TBI Specialist at Eastern Washington University.

Persons Signed In To Testify But Not Testifying: No one.