



Brain Injury Assistance Act

ANNUAL REPORT

Key Highlights from the Brain
Injury Association
of Nebraska for
Fiscal Year 2024-2025

Brain Injury Assistance Act

The Brain Injury Assistance Act – known as the Brain Injury Trust Fund Act until 2022¹ – allocates \$500,000 each year from the Nebraska Health Care Cash Fund. Although a portion of that funding is provided to the University of Nebraska Medical Center to coordinate efforts with a Brain Injury Oversight Committee, the remaining funds are awarded to an entity that to address seven expenditure priorities²:



The Brain Injury Association of Nebraska (BIA-NE) has received the Brain Injury Assistance Act funding each year.

- Year 1: July 2021 – June 2022
- Year 2: July 2022 – June 2023
- Year 3: July 2023 – June 2024
- Year 4: July 2024 – June 2025

This report summarizes BIA-NE efforts in each of the seven priority expenditures, primarily focusing on work carried out during Year 4. As applicable or pertinent, data from previous years is included in the report to show trends.

The evaluation is conducted by Partners for Insightful Evaluation (PIE), with bi-annual reports developed for the Brain Injury Oversight Committee and public.

¹ Legislative Bill 914 <https://nebraskalegislature.gov/FloorDocs/107/PDF/Slip/LB971.pdf>

² Legislative Bill 418 <https://nebraskalegislature.gov/FloorDocs/106/PDF/Slip/LB481.pdf>

PRIORITY 1

Resource Facilitation

Resource Facilitation is a free service through the Brain Injury Association of Nebraska (BIA-NE). Resource Facilitators provide support, resources, and referrals to 1) individuals with brain injury; 2) family members and caregivers; and/or 3) health care or other social service professionals related to brain injury.

Services Provided

Among the three types of Resource Facilitation service levels, half of those served between July 1, 2024 and June 30, 2025 were Information & Referral (n=584)³

Professional Consult

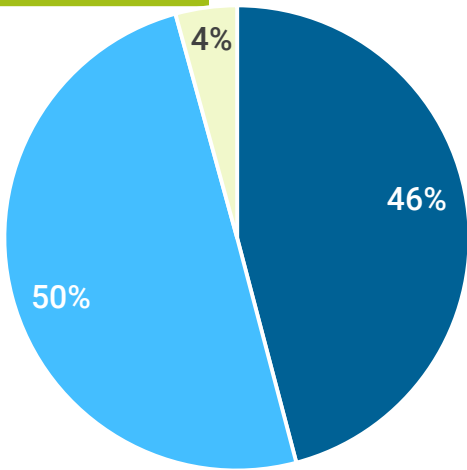
This reflects support that Resource Facilitators provide to professionals to assist their clients or patients.

✓

25 professionals received resources, support or referrals during the FY

✓

Professionals were from 8 different counties in Nebraska while 3 were out of state



Case Management (CM)
An intensive level of support where the Resource Facilitator helps develop a personalized plan for the client. These are generally individuals that need ongoing support rather than just resources or referrals.

Information & Referral (I&R)
Engagement focused on providing resources and referrals without doing a full client intake; may be one call or up to six interactions.

492

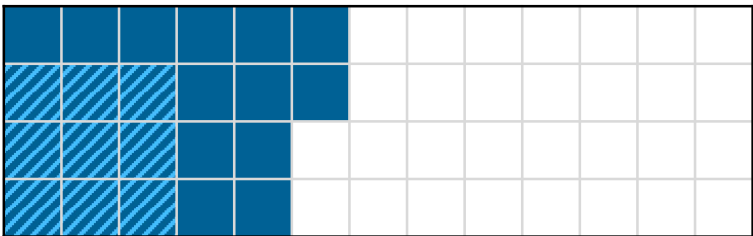
unique individuals were served through I&R and Case Management⁴



About 5% (n=22) were non-professional support individuals to the person with a brain injury

On average, among the cases that were completed during the year...

CM cases (n=208) were 22.4 weeks I&R cases (n=270) were 9.5 weeks



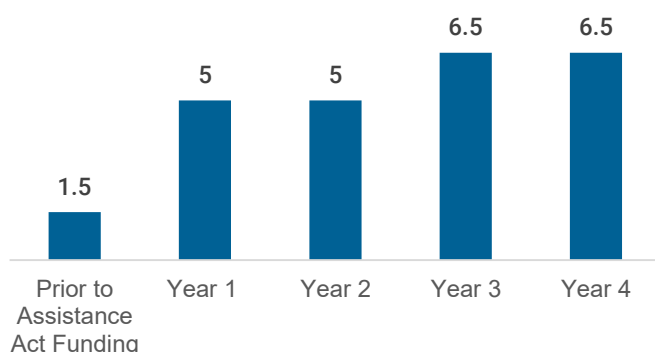
Each square represents one week in a year

³ This includes any clients who were actively served July 1, 2024 and June 30, 2025. It includes those who started a case during the year as well as those who started a case prior to July 2024 and were still receiving services during the funding period. Case open and closure is up to the Resource Facilitator based on guidance provided to staff.

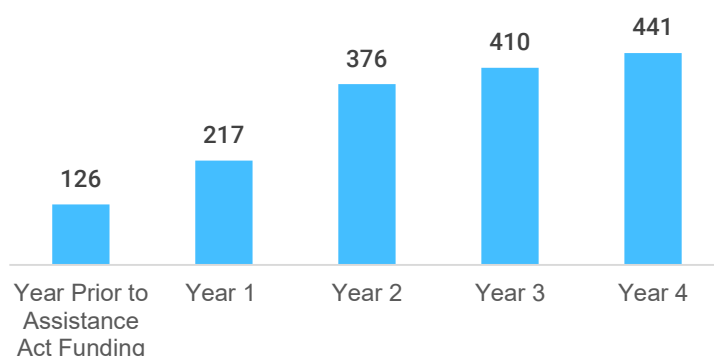
⁴ This is the total of unique individuals served. Some graphs included in the report will have less than 315, likely indicating information is missing for some clients. Other graphs may have more than 315. That indicates the graph is related to cases rather than clients, as an individual may have been served more than once during the time period.

Resource Facilitation Capacity

The number of full-time equivalents (FTEs) had quadrupled through the Assistance Act dollars⁵



The number of CM and I&R cases started each year has grown in relation to the BIA-NE's capacity⁶

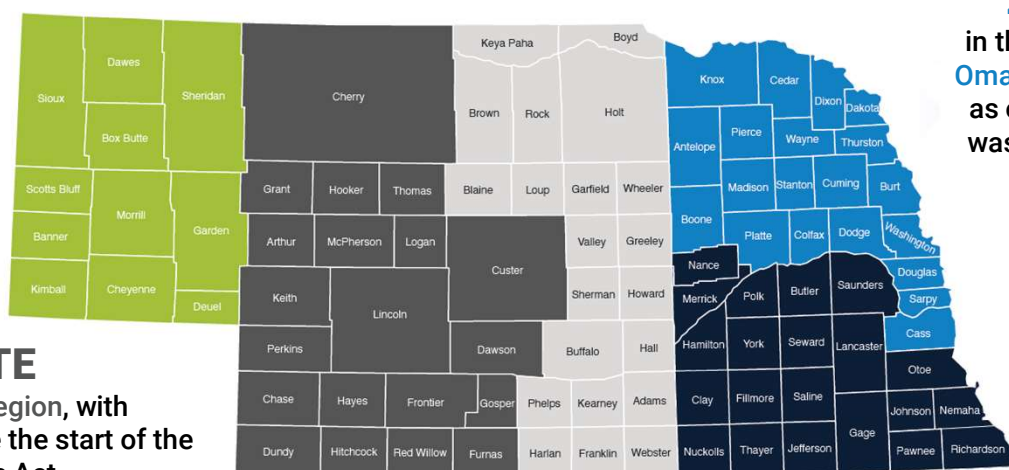


The geographic locations of clients served during the year varied, in part based on the capacity of Resource Facilitation in that region (n=502)^{7,8}

.5 FTE
in the **Panhandle**
though was 1 FTE for part of Year 2

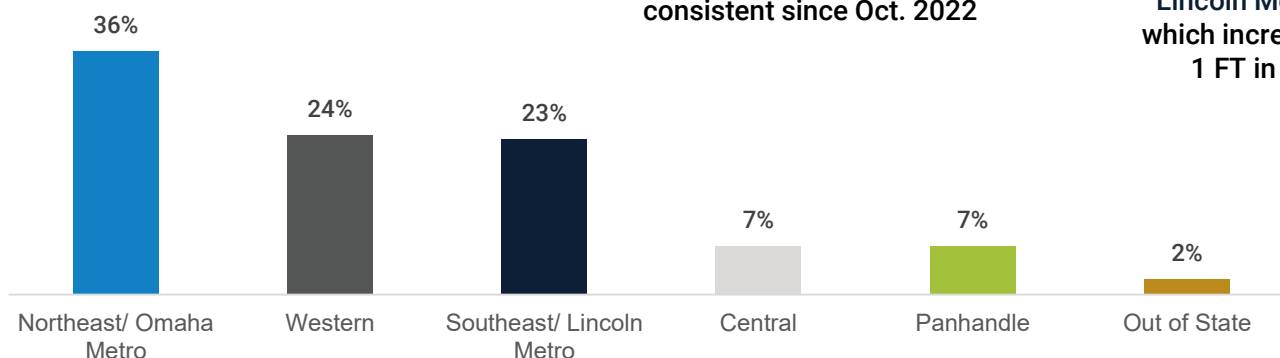
1.5 FTE
in the **Western** region, with consistent staff since the start of the Assistance Act

2 FTEs
in the **Northeast/Omaha Metro area** as of Aug. 2023; was previously 1 FTE⁹



1 FTE
in the **Central** region, with staff consistent since Oct. 2022

1.5 FTE
in the **Southeast/Lincoln Metro** area, which increased from 1 FT in Year 4



⁵ This is the number of designated of FTEs each year. Throughout the year there may have been staff vacancies.

⁶ BIA-NE started using a new database in January 2023, which made the tracking of services more accurate. This graph reflects cases that started during that fiscal year, so the actual caseload may be higher in a given year.

⁷ Two Resource Facilitators in the western region work directly with the Lincoln County Jail, which results in several clients being served specifically in Lincoln county.

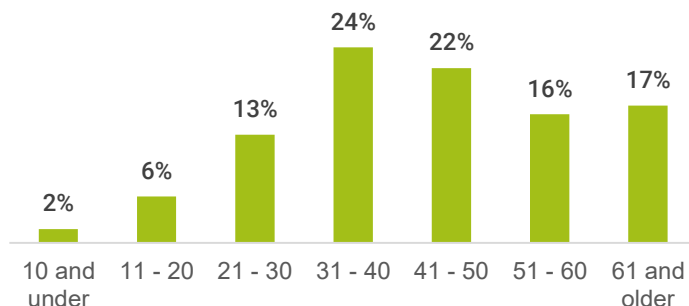
⁸ Of the out of state clients, two were from Iowa, and one each from South Dakota, Kansas, and Missouri.

⁹ One staff member in the Northeast/Omaha region is primarily dedicated to special projects. Although they will have a small RF caseload, most of their work is more targeted, such as working with juvenile justice centers.

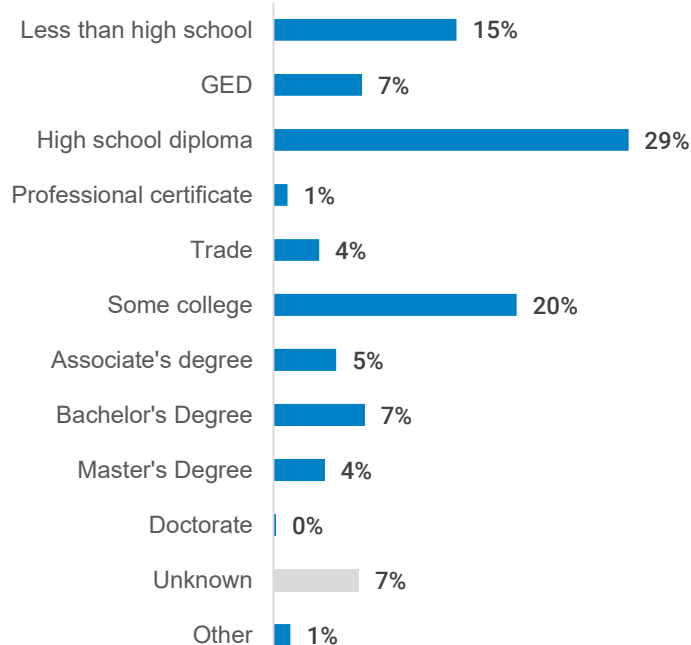
48.5% male 11 50.5% female

Demographics of Clients Served¹⁰

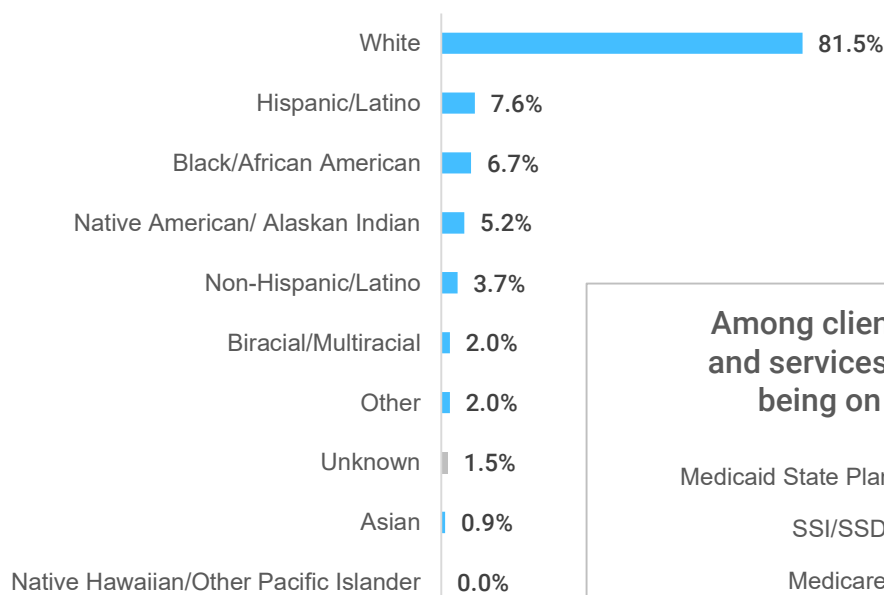
Individuals with brain injury were between the ages of 4 and 85, with the average age being 43 (n=469)



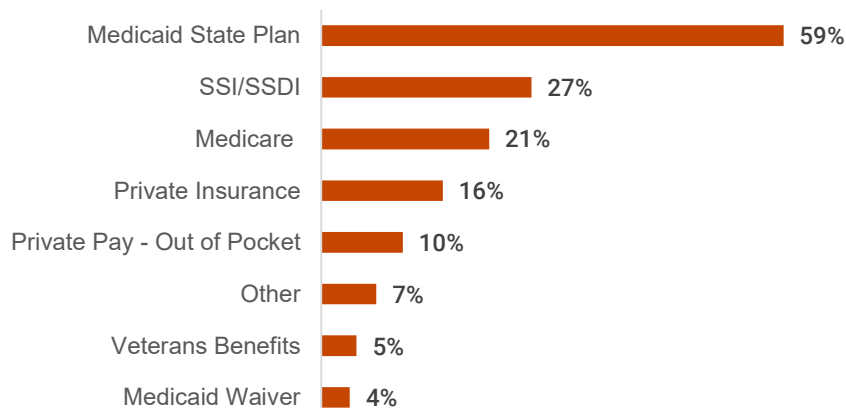
Half the clients served have a high school diploma or less (n=434)



A majority of the clients served were white (n=460)



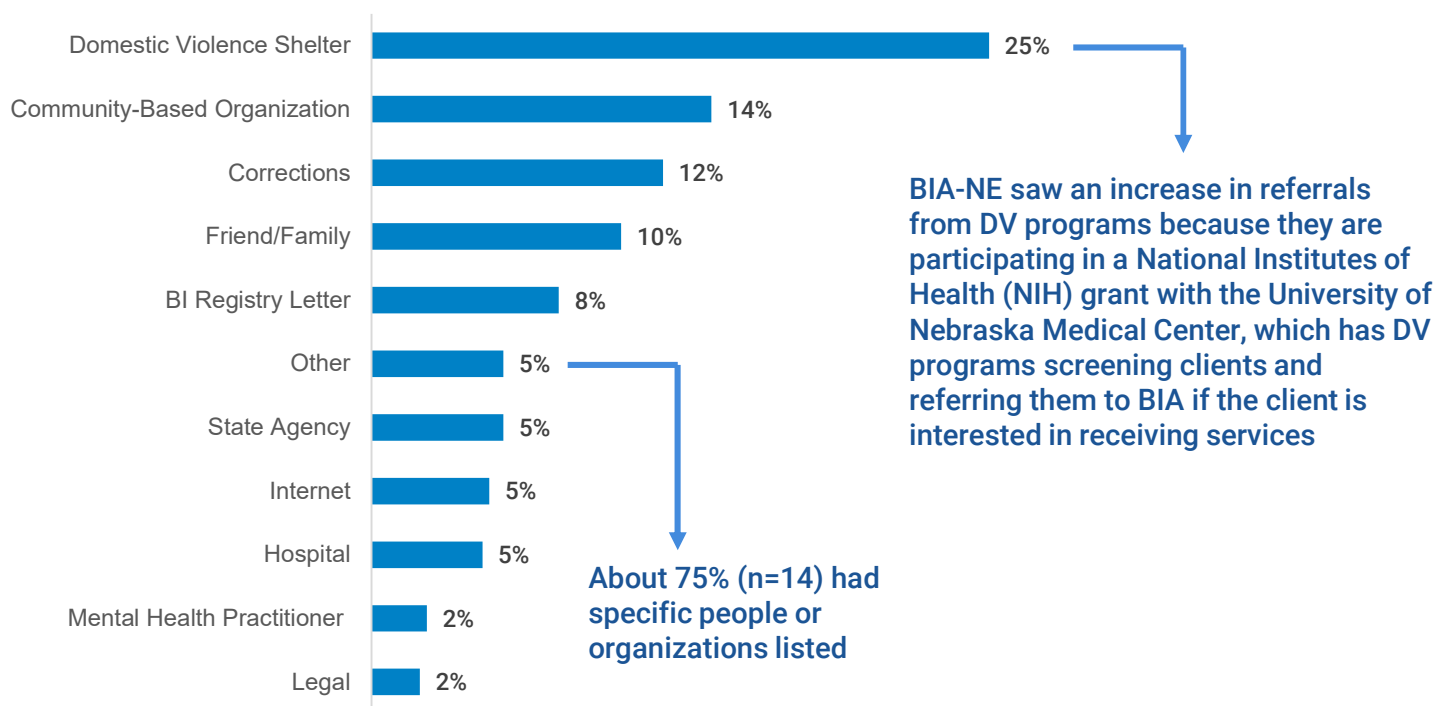
Among clients that had funding for healthcare and services reported, more than half reported being on a Medicaid State Plan (n=354)



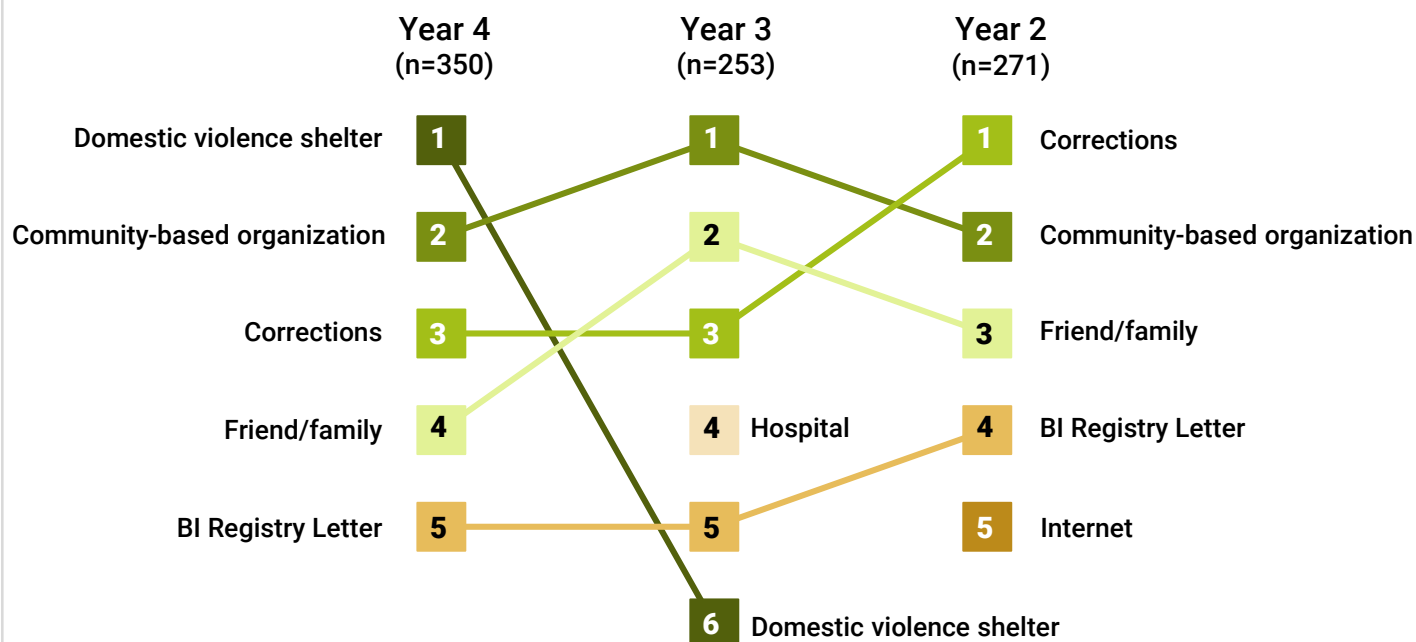
¹⁰ An "unknown" response among any of the demographic data elements indicates the Resource Facilitator did not ask the client. A client may also refuse to disclose, which is a separate response option.

¹¹ The remaining 0.8% were for "unknown" and "other" responses.

Domestic violence shelters were the most common source people found out about the BIA-NE during the year (n=350)¹³

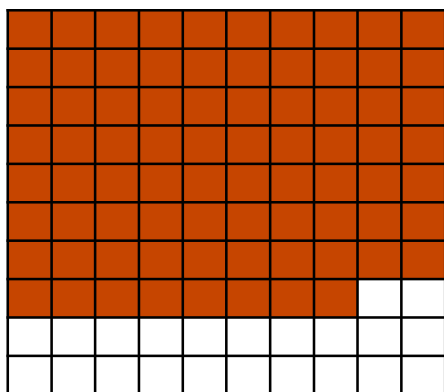


How people most commonly hear about the BIA-NE has been consistent the last three years, with the top five generally including community-based organizations, corrections, and the BI Registry letter



¹² Data is based on the date of the inbound referral. This will include any individual (regardless of whether they received Information & Referral or Case Management services) that was referred to BIA-NE between July 1, 2024 and June 30, 2025. It would not reflect clients served during this fiscal year that were referred to BIA prior to July 1, 2024.

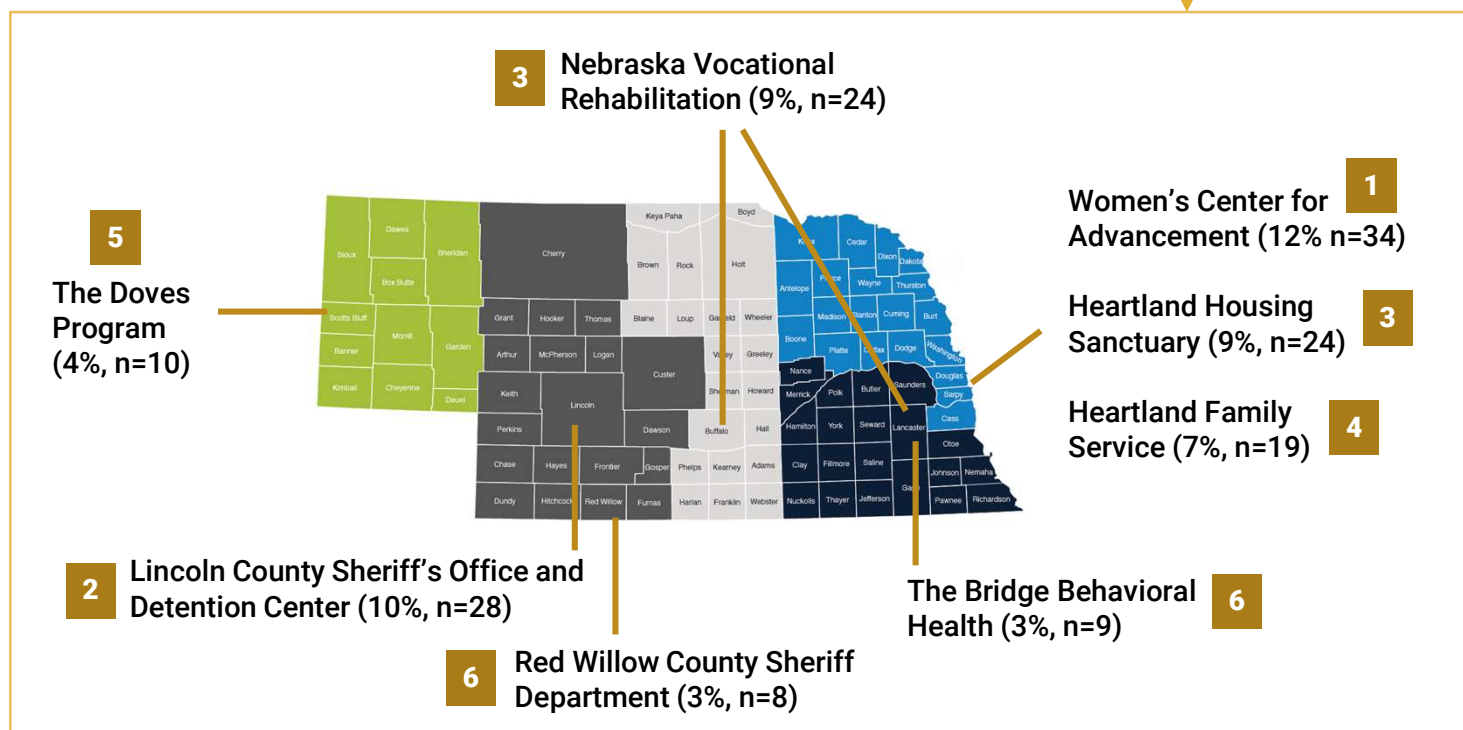
¹³ The following accounted for 1% of the inbound referrals: Aging & Disability Resource Center, Agency on Aging, Media - Social Media, Personal Professional Contact, Support Group, and Veteran's Affairs.



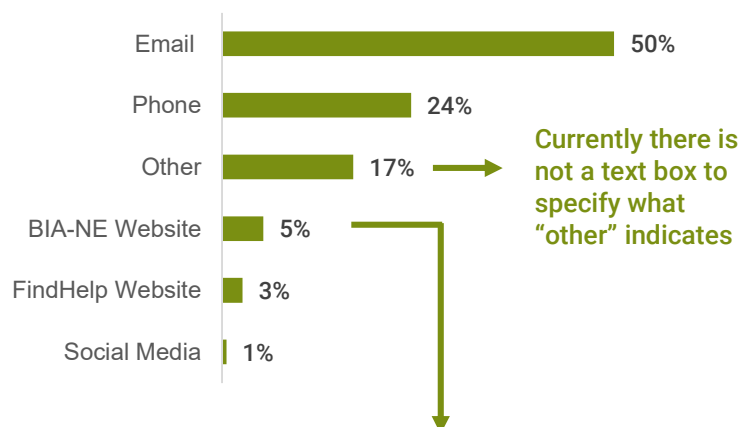
78%
of all inbound referrals during the year had a specific organization listed for how the individual heard about BIA-NE

Clients were referred to BIA-NE by at least

81
different organizations

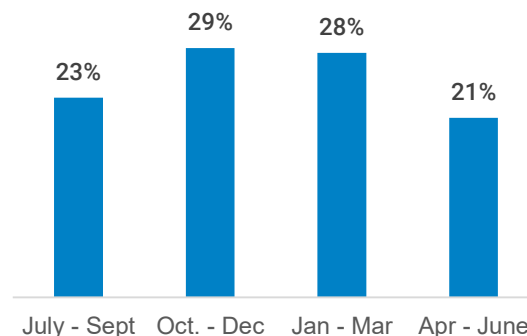


Half of the inbound referrals to the BIA-NE were via email (n=338)



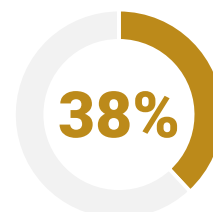
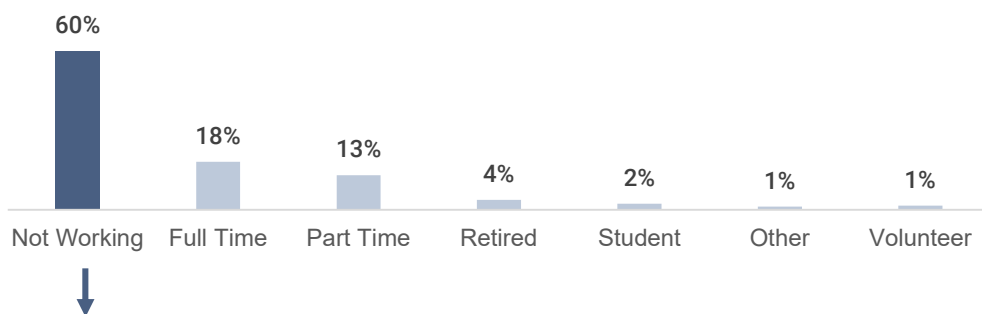
It is anticipated this will increase over time. In April 2025, BIA-NE transitioned to using a form on their website as a key entry point. This allows the staff to capture preliminary information about the client to more effectively and efficiently meet their needs. It also allows professionals and family members/caregivers to connect the BIA-NE to the individual with a brain injury.

Inbound referrals were slightly more likely to occur during the winter months (n=350)



More than half the clients who began a Resource Facilitation case in the past year had an employment record of "not working" (n=269)¹⁴

Employment



of the individuals served through I&R or CM this fiscal year had a record of not working in the database

Nearly half have that they are unable to work due to brain injury symptoms reported as the reason for not working (n=161)¹⁵



Among the needs documented during the fiscal year among clients who have a record of not working in the database (487 needs among 178 unique individuals) Brain Injury 101 and Financial were the top areas needing to be addressed for clients

High Needs

- Brain Injury 101 (40%)
- Financial (25%)

Moderate Needs (10-15%)

- Legal (Other)
- Personal Support System (Support Groups)
- Housing (Search)
- Mental Health
- Health Insurance/Long Term Care
- Executive Functioning/Organization Skills
- Employment (Job Search / Modification / Maintenance)

Slight Needs (6-9%)

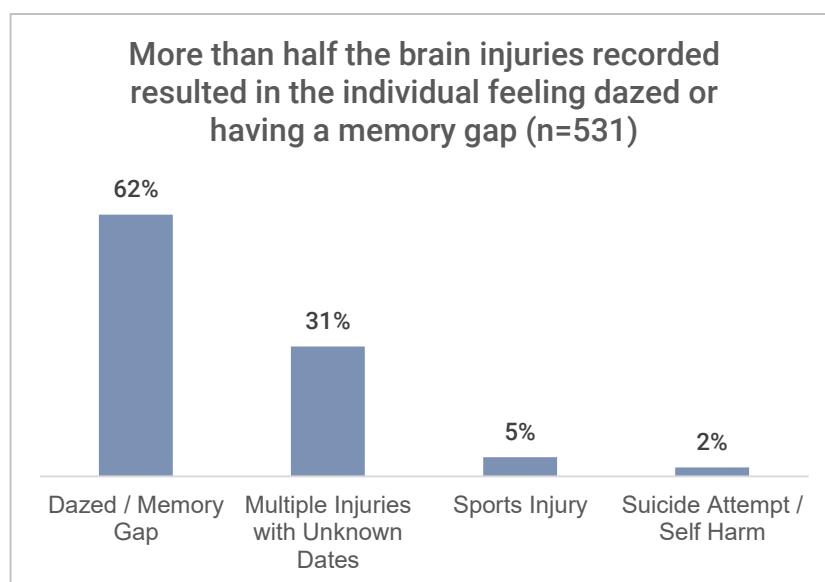
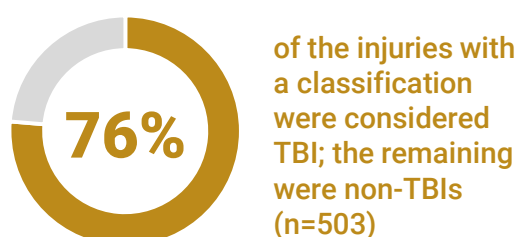
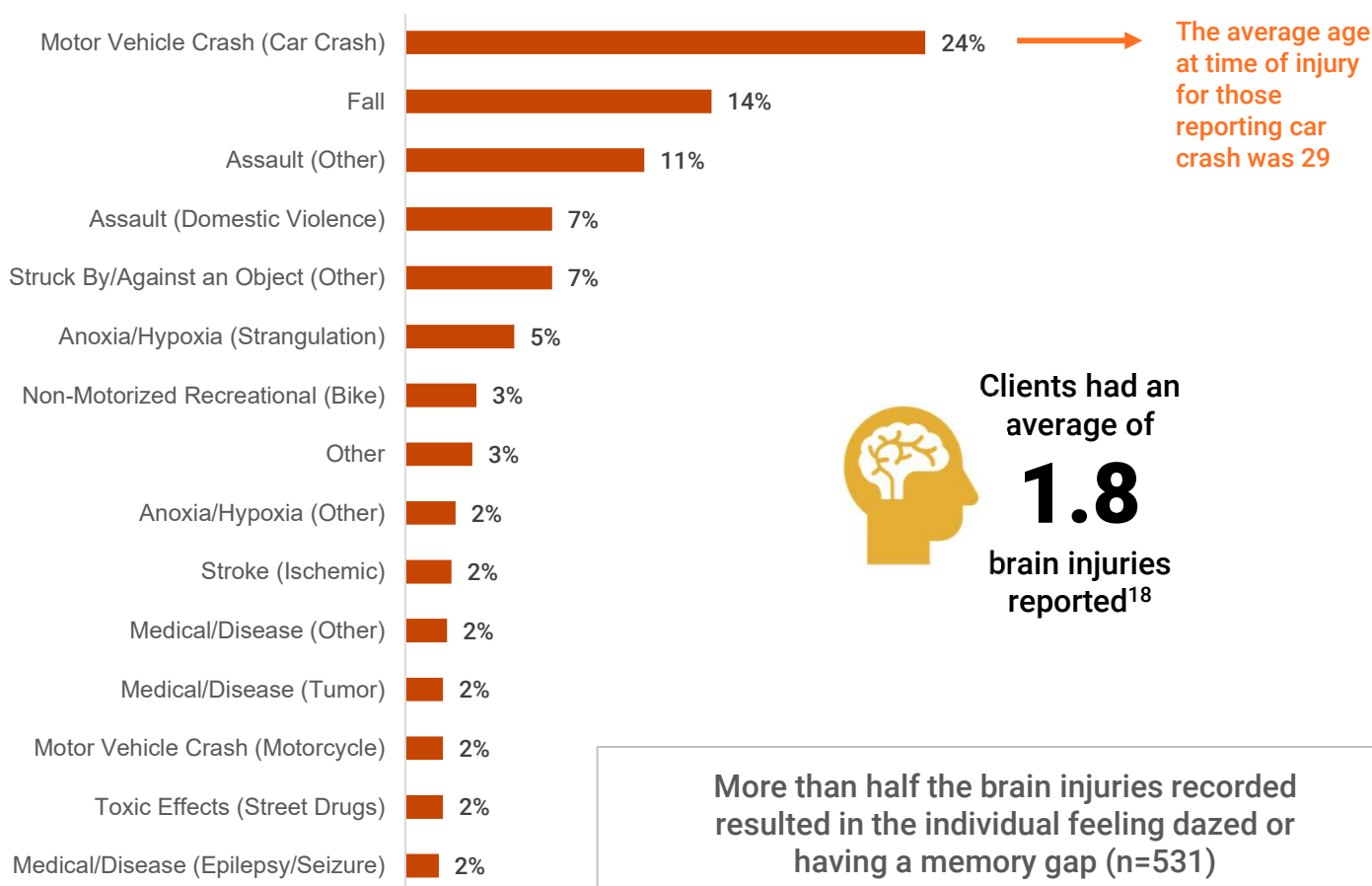
- Personal Support System (Professionals)
- Food Security / Nutrition Support
- Housing (Financial Assistance)
- Transportation
- Physical Health (Vision)
- Substance Use Treatment/Support
- Housing (Stability)

¹⁴ Due to how data elements are tracked (on a contact page versus a case page), there are two key caveats with the employment data. One, it only reflects clients who started receiving services between July 1, 2024 and June 30, 2025. That reflects about Second, the employment record may not reflect their employment during that time period, if the data is even available. That information is updated as able by staff primarily for case management clients. This employment data reflects information from about 300 of the 492 (~61%) served during the fiscal year.

¹⁵ Can't work due to brain injury symptoms may include noise sensitivity, light sensitivity, not getting or having accommodations, etc. This is based on discussion between the client and Resource Facilitator.

Injury Details¹⁶

Among 527 injuries documented for 283 clients, car crash, fall, and assault (other) accounted for slightly less than half of the injuries¹⁷



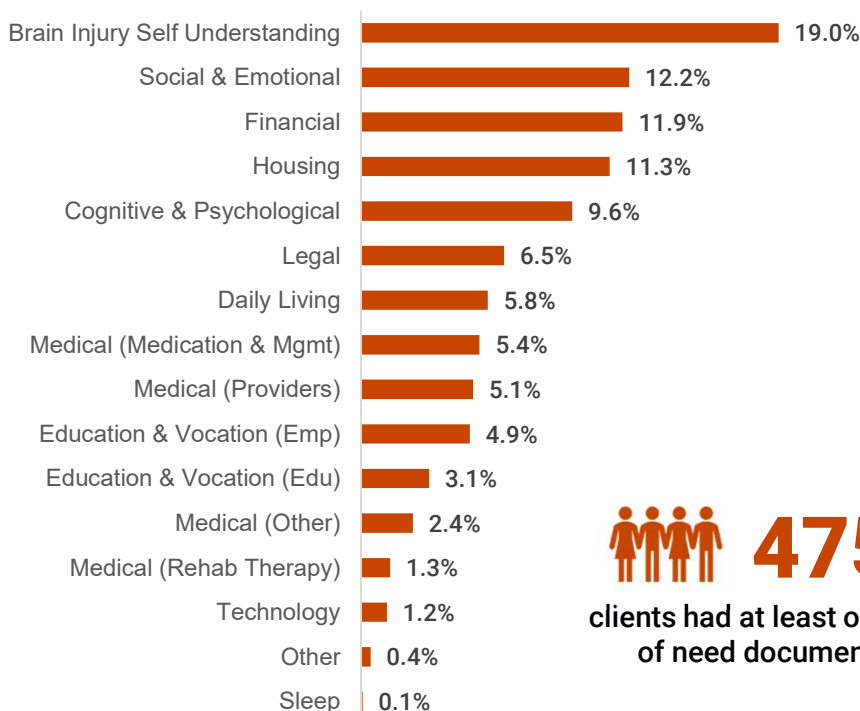
¹⁶ Injury information is reported for the clients that were actively served from July 1, 2024 through June 30, 2025. The types of injury include up to 48 causes, which aligns with other states that utilize Salesforce to track services.

¹⁷ The following causes were reported less than 2%: Assault (Abusive Head Trauma/Shaken Baby Syndrome); Stroke (CVA) Stroke (Hemorrhagic); Blast Injuries/Explosion; Gunshot; Motor Vehicle Crash (Other); Struck By/Against an Object (Pedestrian); Anoxia/Hypoxia (Near Drowning); Toxic Effects (Chemical Exposure); Anoxia/Hypoxia (Opioid Overdose); Motorized Recreational (ATV); Toxic Effects (Other); Mechanism Unknown; Medical/Disease (Meningitis); Medical/Disease (MS); Non-Motorized Recreational (Horseback); Medical Interventions (ECT Treatment); Medical Interventions (Other); Motorized Recreational (Other); Non-Motorized Recreational (Other); Non-Motorized Recreational (Skateboard); Stroke (TIA); and Toxic Effects (Alcohol).

¹⁸ BIA-NE staff vary in the extent to which injury information is obtained from clients. While some may complete a brain injury screening tool to capture all potential injuries, others may document what the clients shares – particularly if a full intake is not being done, which is often the case for those who have Information & Referral cases.

Areas of Need Among Clients¹⁹

Among all the needs documented during the fiscal year that were assigned to one of 12 need categories, the most common was Brain Injury Self-Understanding (n=1356)



 **475**

clients had at least one area of need documented

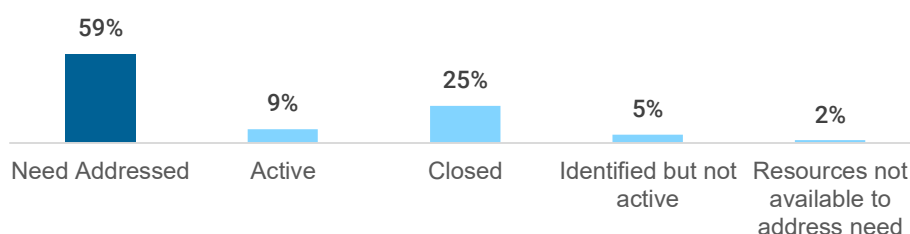
A Note About Needs

Areas of need are meant to describe what anyone – regardless of whether they've had a brain injury – need support with working through, understanding, or navigating. The goal for Resource Facilitators is not to identify every single need. The RF works with the client to prioritize what core needs may need to be addressed in the coming weeks, and that is what the staff will provide referrals, resources, and support around.

29%

of those clients (n=137) had 4 or more areas of need documented

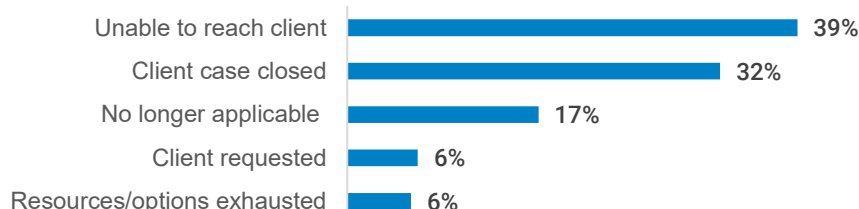
Nearly 60% of the needs identified were addressed by the Resource Facilitator, though some needs were still active (n=1361)



Of the 25 needs that could not be met...

- About one-fourth pertained to **housing** (cleanup, facility care, rent)
- Five categories reflected 12% each: education & vocational, financial, legal, medical, and social & emotional needs

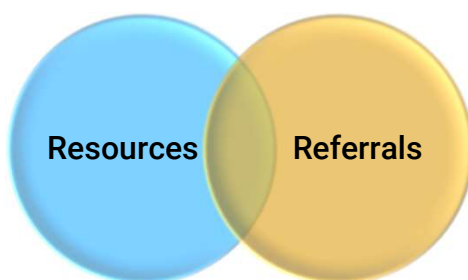
Among needs that weren't addressed, more than two-thirds were because staff could not reach the client or the case closed (n=343)



¹⁹ For areas of need, Resource Facilitators write in a description of the need and categorize it from a list of 59 types of need. This list was revised in the spring of 2025 to be more descriptive of the types of needs experienced. Each category is defined in a reference document for staff and fall under 12 different categories of need.

Referrals & Resources²⁰

These are informative or self-directed activities that clients can choose to use, such as websites, trainings, or handouts



Referrals connect a client to a specific person or organization in which they can receive services or additional support.

1,715

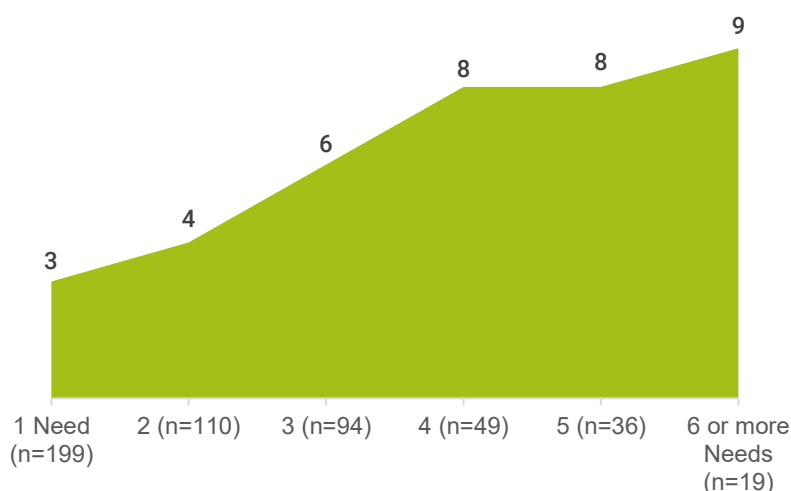
resource shares were documented during the year



The most common resources were:

- BIA-NE Staff Verbal Support (226 shares)²¹
- Resource Facilitation Brochure (136 shares)
- A Guide to Working with Individuals with Brain Injury (114 shares)
- OBISSS Flyer (85 shares)
- Feeling Different After a BI / BI Symptoms Rack Card (79 shares)

The average number of referrals and resources provided during a case is relative to the number of needs identified for the client (n=507 cases)



A Note About Resources

BIA-NE staff use the Salesforce database to resources to provide clients. During this fiscal year, each resource was 1) categorized based on the need categories to allow for more effective searching and 2) given an active link to ensure clients can always access the most recent version of any resource. By the end of the fiscal year, there were 355 active resources in the Resource Library. Staff receive an email each week summarizing new resources that have been added.

The most common organizations that clients were referred to included:

- Madonna Rehabilitation – Lincoln (23 referrals)
- Families 1st Partnership (19 referrals)
- Easterseals Nebraska (15 referrals)
- Nebraska Legal Aid (13 referrals)
- Nebraska Vocational Rehabilitation (13 referrals)
- Madonna Rehabilitation – Omaha (11 referrals)
- League of Human Dignity (10 referrals)
- Lutheran Family Services Headquarters (10 referrals)

Clients were referred to

268

different organizations



²⁰ Data on this page includes referrals and resources that were provided between July 1, 2024 and June 30, 2025 for greater accuracy. If a client started receiving services prior to July 1, 2024 (~40% of those served during the fiscal year), resources that were shared or any referrals provided before that date would not be included in this data.

²¹ BIA-NE Staff Verbal Support describes assistance provided by staff members based on their expertise and/or experiences, such as social work, behavioral health, etc. This is not meant to capture general engagement with clients.

PRIORITY 2

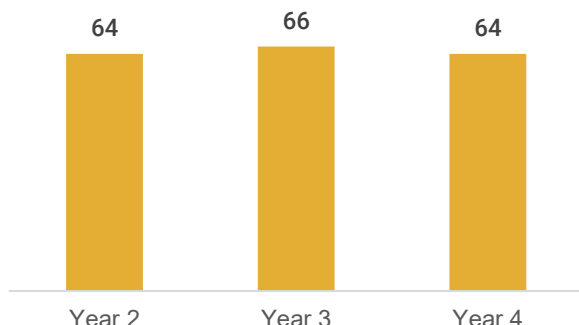
Training for Service Providers

I enjoyed it all, but I do appreciate the parts that pertain to my role as a teacher.

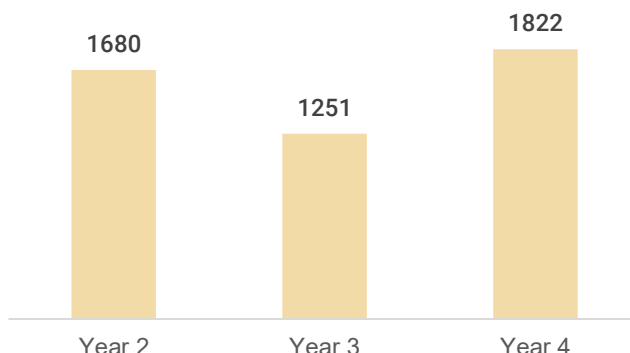


BIA-NE has consistently offered BI 101 trainings, with more than 1,000 attendees each year

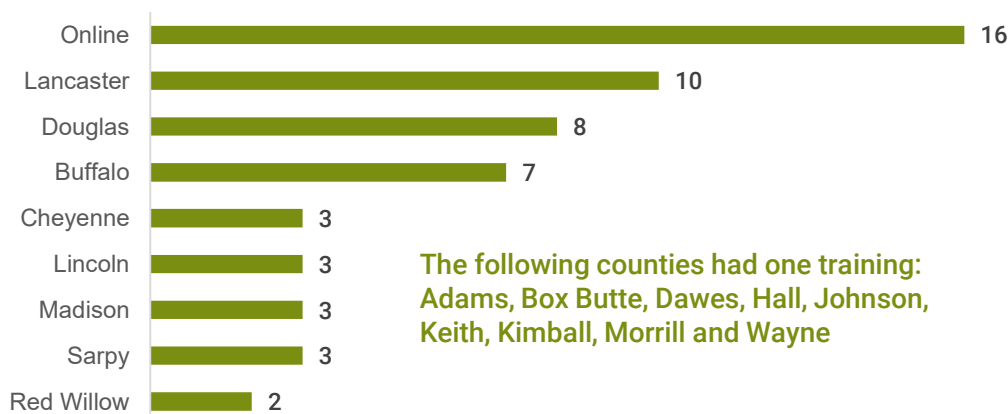
Number of Trainings



Number of Attendees



BI 101 Trainings were held in 17 counties (n=64)

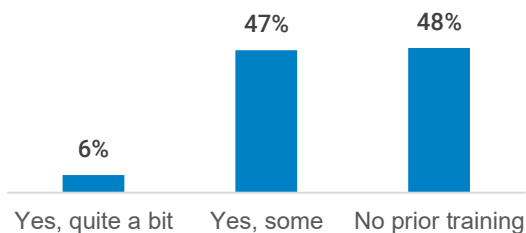


The following counties had one training:
Adams, Box Butte, Dawes, Hall, Johnson,
Keith, Kimball, Morrill and Wayne

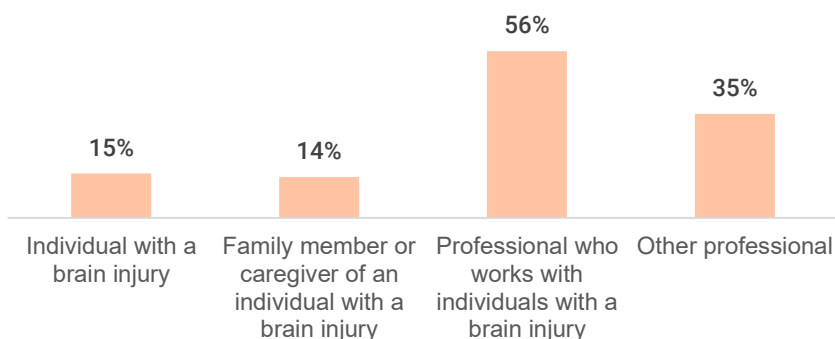
268

evaluations were completed²²

Nearly half indicated they had not previously attended a training or educational opportunity about brain injury (n=263)



Although most were professionals, there were a portion that had experienced a brain injury or were a family member/caregiver to someone with a brain injury (n=260)²³



²² The results include 73 evaluations that were done as part of a project with the DHHS Division of Behavioral Health (DBH). That survey was a pre/post survey with slightly different questions, so the number of responses on each graph may vary. Although various approaches are used to increase response rates – including QR codes within presentation slides and sending emails after the training – not all attendees complete the survey.

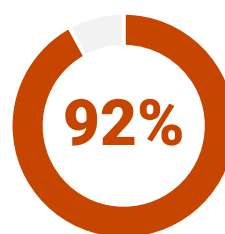
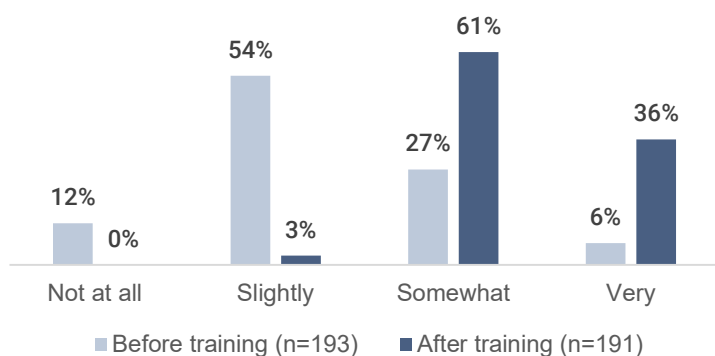
²³ A respondent could select more than one response option. That was the case for 42 of the respondents.

More than half strongly agreed with all the statements regarding the training²⁴

■ Strongly agree ■ Agree ■ Neutral ■ Disagree ■ Strongly disagree

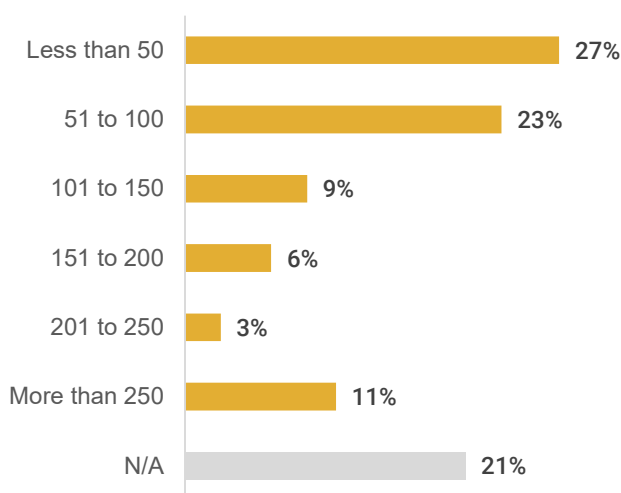


Nearly 80% of attendees reported an increase in knowledge about brain injury²⁵



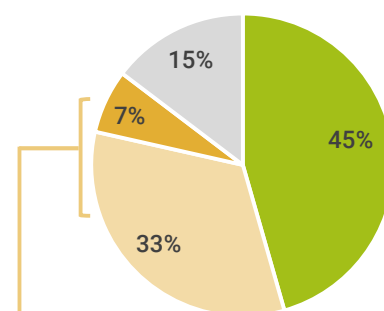
of those who had not previously attended a training on brain injury reported an increase in knowledge (n=97)

Half indicated they work with up to 100 clients or patients each year (n=190)



Nearly half indicated they will get a chance to use the brain injury screening tool (n=191)

■ Yes ■ Not sure ■ No ■ Not applicable



Among 72 respondents who noted why they would not or weren't sure if they could use the screening tool:

- 43% reported they would need agency approval
- 42% reported it is not their role in the agency
- 24% reported they weren't sure when to use it

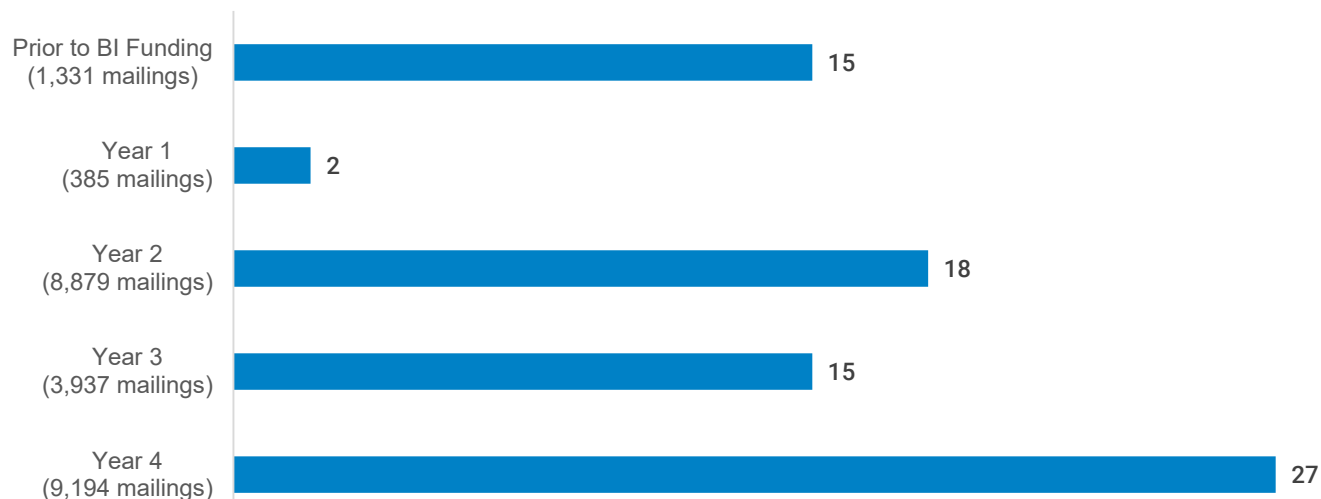
²⁴ The evaluation form was updated in December 2023 to include visual prompts in the likert scale to minimize the likelihood of people accidentally selecting "strongly disagree." Since then, only one participant has selected that response.

²⁵ These results do not include the 73 participants from the DBH project, as the evaluation form asked about knowledge after the training but not before. They were instead asked a series of 15 true or false statements.

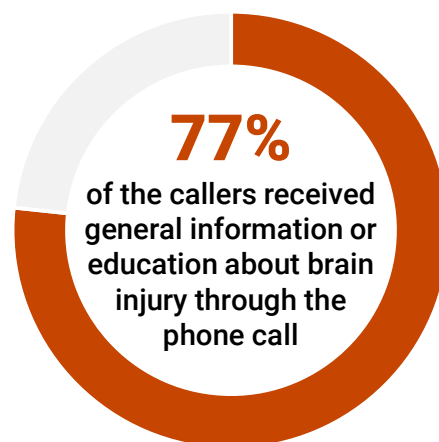
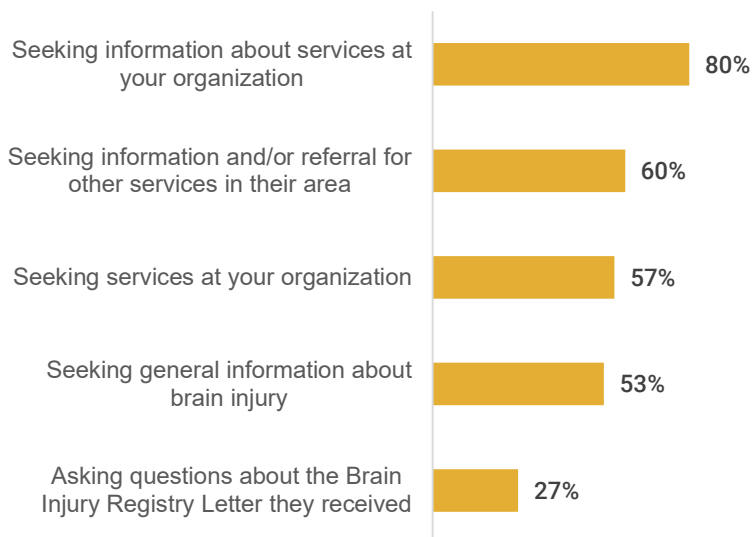
PRIORITY 3

Brain Injury Registry Letter Follow-up²⁶

The number of clients who heard about the BIA-NE through the BI Registry Letter nearly doubled this fiscal year, though there were more mailings sent²⁷



Recipients of the TBI Registry Letter reached out to the BIA-NE for a multiple reasons (n=30 calls)²⁸



²⁶ Information about the TBI Registry mailing can be found here: <https://braininjury.nebraska.gov/resources/brain-injury-data-and-statistics>.

²⁷ Prior to January 2023, there were 30 response options for Resource Facilitators to select for how the client heard about BIA-NE, though only one option could be selected. That was modified in the new database so staff can select all that apply. As a result, it is possible that more people prior to January 2023 heard about the BIA-NE through the Registry letter.

²⁸ BIA-NE staff record information about calls they receive because of the BI Registry Letter through a survey for Nebraska VR. Staff have a prompt within their database to complete the form if they select that a client heard about the BIA-NE through the BI Registry Letter.

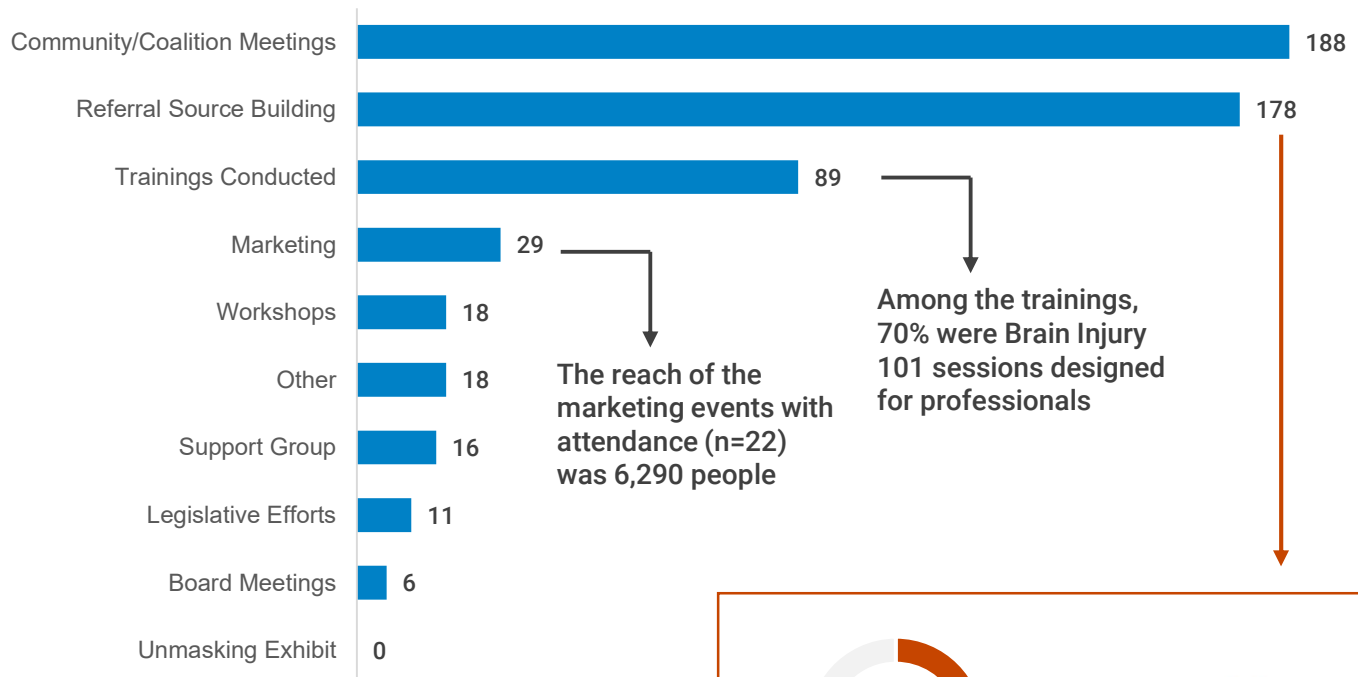
PRIORITY 4

Public Awareness

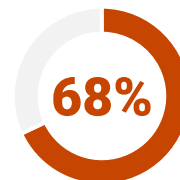
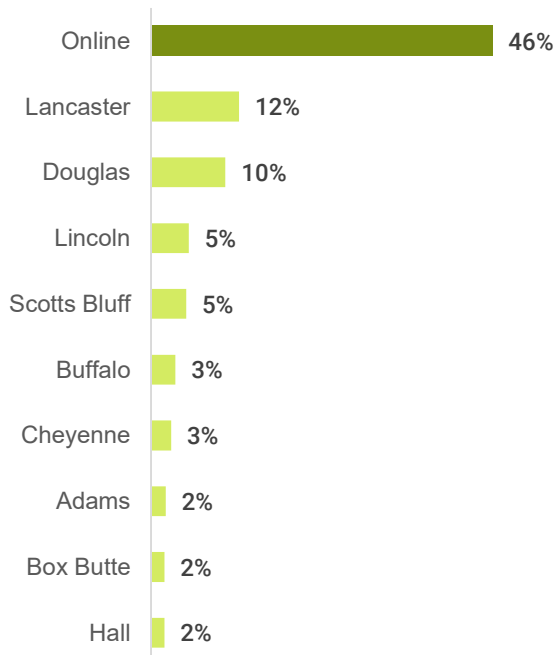


The intent of community outreach is to ensure people in need of services within various communities are aware of and can connect to BIA-NE.

More than 550 outreach events took place during the year (n=553)



In-person events during this fiscal year took place in 31 counties in Nebraska (n=550)²⁹

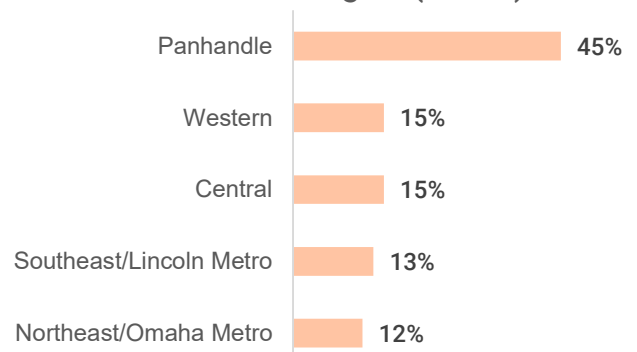


of the referral source building outreach were initial meetings for staff (n=172)



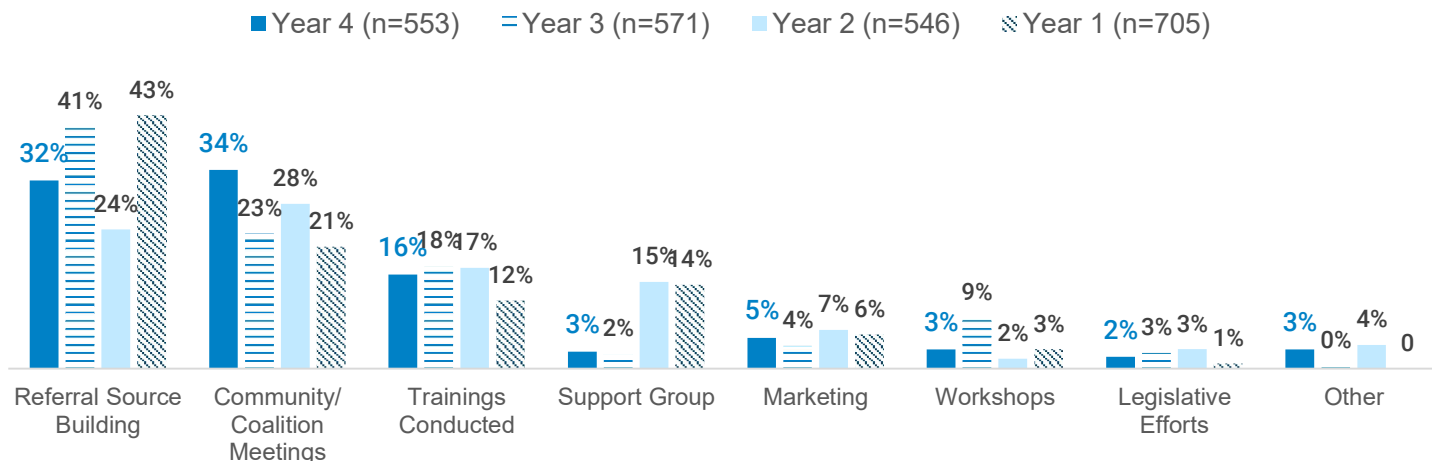
Staff met with **145** unique organizations

A majority of the referral source building event took place in the Panhandle region (n=112)



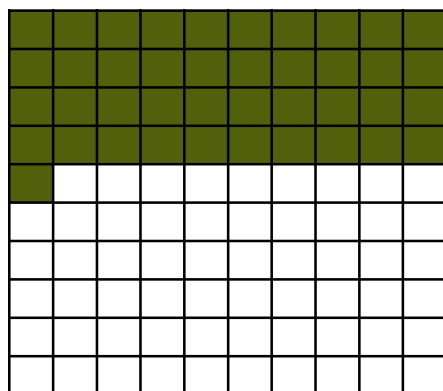
²⁹ Events were also held out of state (n=7) and in the following counties: Butler, Cherry, Dawes, Dawson, Dundy, Gage, Garden, Jefferson, Johnson, Keith, Kimball, Madison, Merrick, Morrill, Phelps, Platte, Red Willow, Sarpy, Saunders, Seward, Wayne, and York.

Referral source building and community/coalition meetings remain the most common types of community outreach for the BIA-NE



10,415

people receive
BIA-NE emails



41% of people, on average,
who received BIA-NE
emails opened it

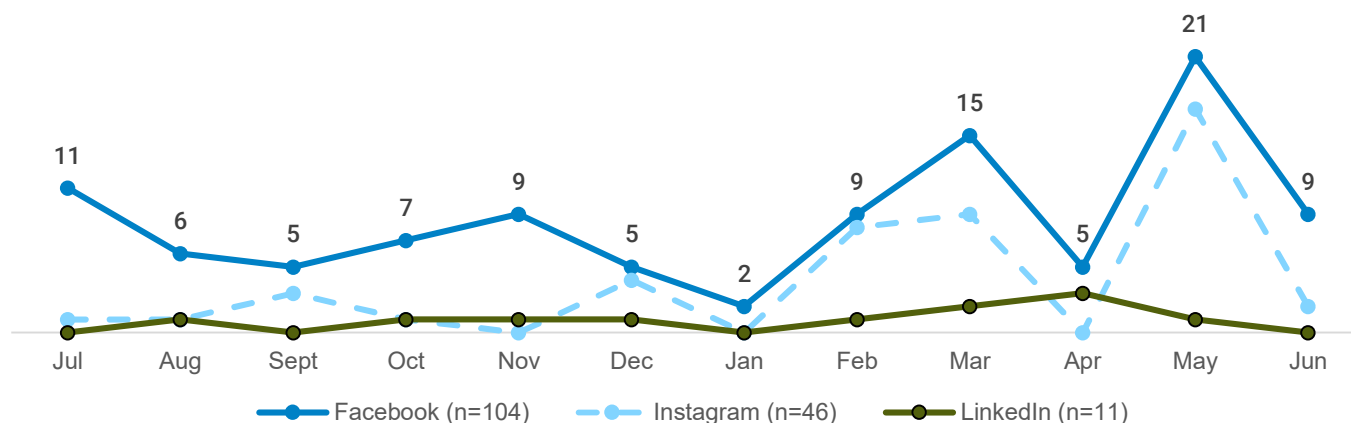
118

files were downloaded
from the BIA-NE website

Top 5 Downloads:

- Annual Reports (33%)
- REAP: Concussion Management (27%)
- Behavioral Health (14%)
- Blazing Trails (12%)
- Courses & Trainings (8%)

Most social media postings occur on Facebook, with the most popular months being May and March

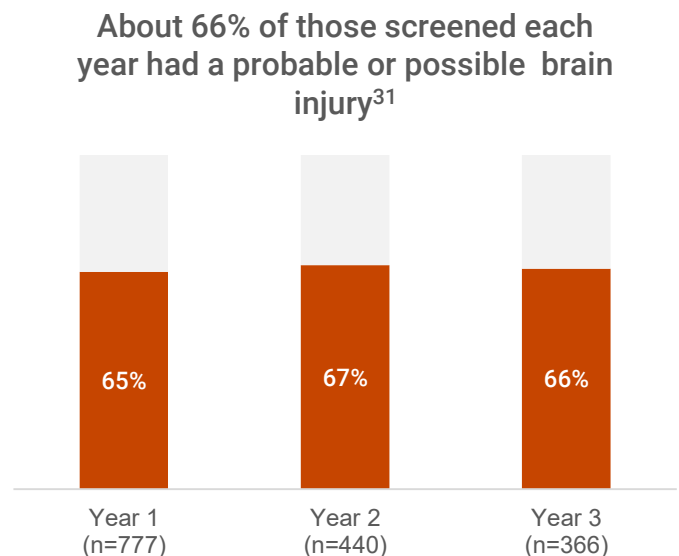
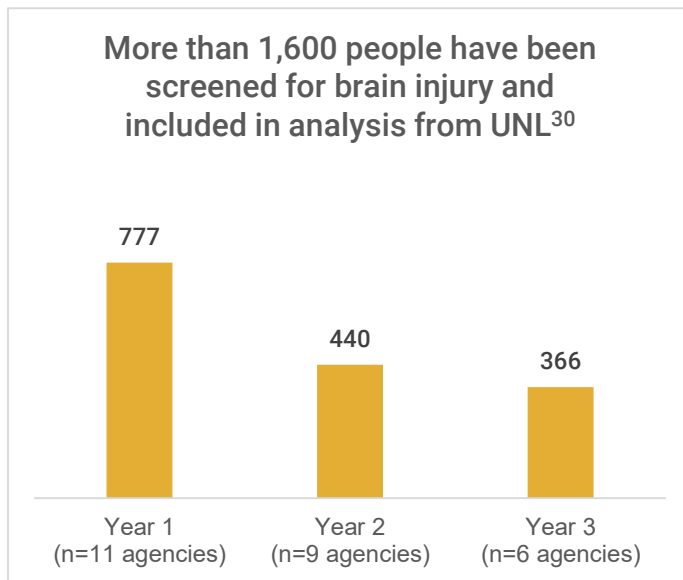


PRIORITY 5

Supporting Research

BIA-NA is collaborating with Dr. Kathy Chiou at the University of Nebraska – Lincoln. Dr. Chiou received IRB-approval to collect brain injury screening data. The goal is to explore the outcomes and prevalence rates to publish findings. A variety of screening tools have been used throughout the course of the research.

- Up to 2023: HELPS screening tool
- Early-2023 through fall 2024: Modified Ohio State University (OSU) screening tool
- Fall 2024: Online Brain Injury Screening and Support System (OBISSS)



Online Brain Injury Screening and Support System for Nebraska

What is the Online Brain Injury Screening and Support System (OBISSS)?
 The OBISSS is an online screening system to determine lifetime exposure to brain injury and to identify associated challenges that may be present for youth and adults. This system utilizes the validated and reliable Ohio State University TBI Identification Method (OSU TBI-ID).

OBISSS is self-administered and appropriate for ages 10 and up. With the link provided below, any individual can complete the OBISSS screen on their own or with help. OBISSS collects additional demographic information from each individual, and the individual will be prompted to complete the Symptoms Questionnaire for Brain Injury (SQBI).

Tip sheets are delivered, responding to identified challenges, to the individual and a copy can be sent to case managers or providers. OBISSS will provide customized referral information, and where to access additional resources and supports. OBISSS helps in the following ways:

Client Support:

- Identify a likely history of brain injuries.
- Identifies individual challenges and offers personalized strategies.
- Provides practical advice on supporting individuals with brain injury.

Data:

- Shares data on brain injury trends in screening settings.
- Adds to the national understanding of brain injury history.
- Improves brain injury programs and policies.

Is the OBISSS a public platform?
 Only in the sense that you can share the link with anyone you are serving. NASHIA manages the OBISSS through a secure, HIPAA-compliant data platform.

Directing clients to OBISSS:
 Share the link, log in information, and your email address with the individual who is completing the screeners.
 Direct the individual to add your email address to the first page when prompted.
 Review the emailed results.

OBISSS is provided in partnership with:
 NASHIA
 National Association of State Head Injury Administrators (NASHIA)

Questions?
 Contact the Nebraska OBISSS Administrator:
 Peggy Reisher, Executive Director, BIA-NE | peggy@biana.org | 402-490-0606

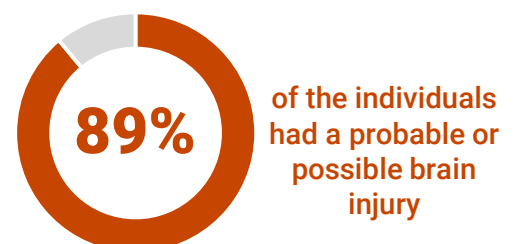
Access OBISSS Now:

OBISSS Link: nashia.org/obisss

State: Nebraska

Password: 402

248
 screenings have been
 completed through the
 OBISSS³²



³⁰ The counts in the figure are likely under-reported, as additional screenings may have been sent to UNL for that time period after reporting to the Brain Injury Oversight Committee.

³¹ Although Resource Facilitators routinely use a brain injury screening tool, these results reflect those from organizations who were formally conducting screening with their clients – as noted in the figure to the left – to better understand the prevalence of brain injury among their populations.

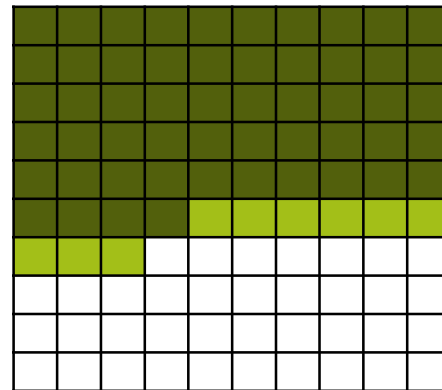
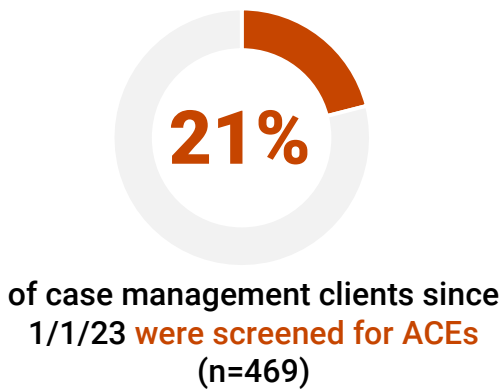
³² The OBISSS can be accessed at www.nashia.org/OBISSS with Nebraska as the state and 402 as the password. The use of OBISSS should increase opportunities for agencies to refer people to a brain injury screening tool, though it can also be completed independent of an organization.

PRIORITY 6

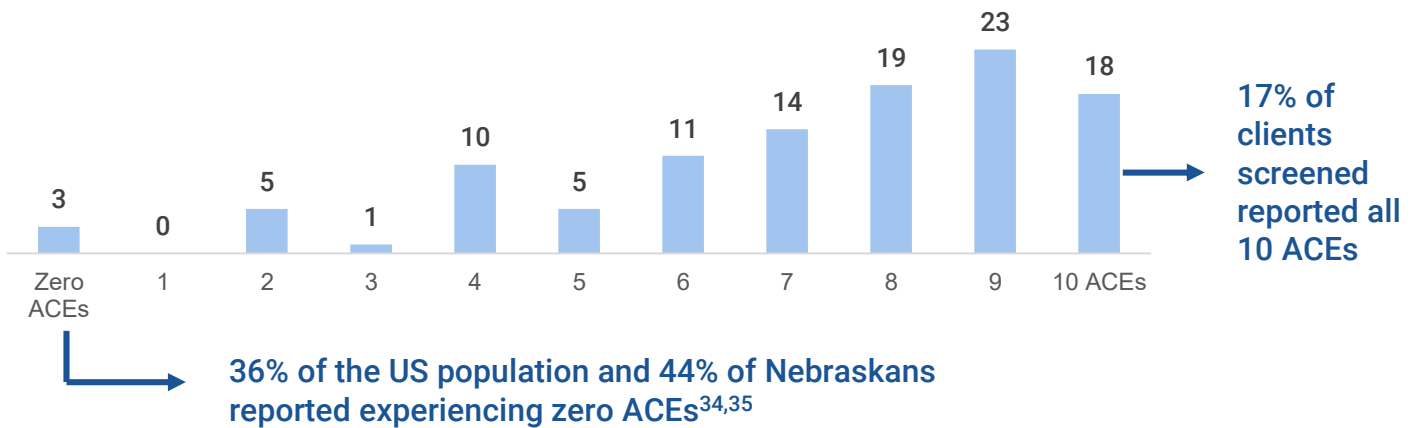
Quality Improvement & Standards of Care



Screening BIA-NE Clients for Adverse Childhood Experiences (ACEs)³³

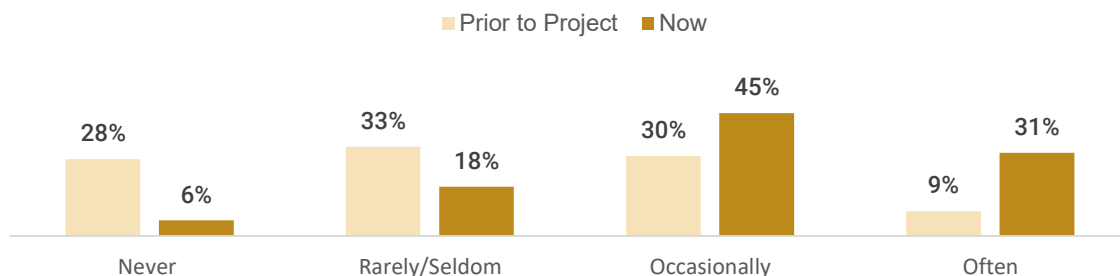


More than half (55%) reported 8 or more ACEs (n=109)



Brain Injury Screening within Juvenile Justice System

After 16 months of implementing the project, staff were more likely to consider brain injury among youth at their center (n=88)



³³ Centers for Disease Control and Prevention (June 2023). Adverse Childhood experiences.

<https://www.cdc.gov/violenceprevention/aces/index.html>

³⁴ Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/aces/ace-brfss.html>

³⁵ Swedo EA, Aslam MV, Dahlberg LL, et al. Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020. MMWR Morb Mortal Wkly Rep 2023;72:707–715. DOI: <http://dx.doi.org/10.15585/mmwr.mm7226a2>.

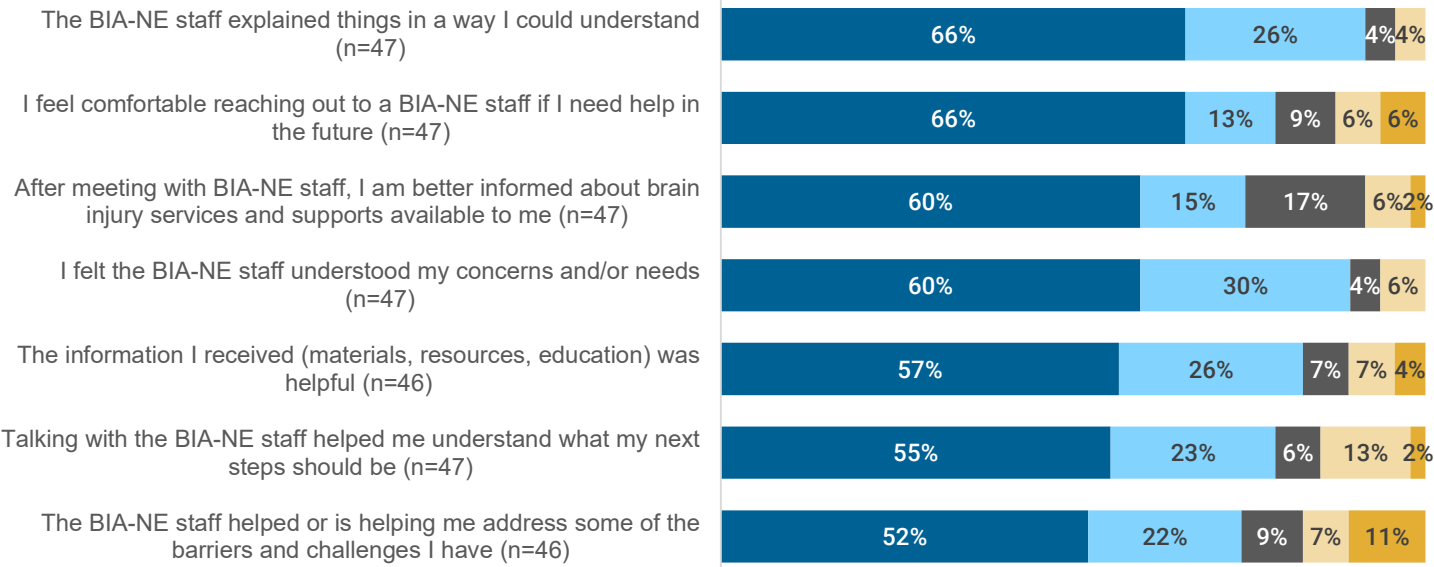
PRIORITY 7
Evaluating Needs

I truly appreciated the information and the offer for future assistance if needed.

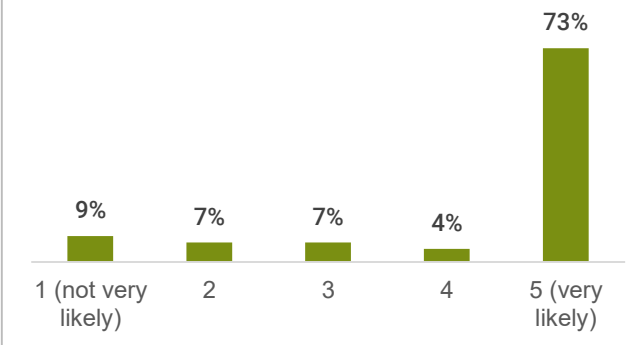


More than half the respondents agreed to all the statements included on the satisfaction survey, though there were some areas of disagreement

Strongly agree Agree Neutral Disagree Strongly disagree

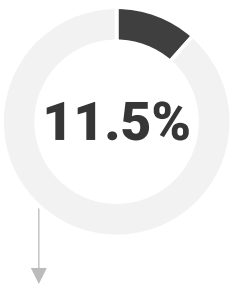


On a scale of 1 to 5 for whether clients would recommend BIA to others, the average rating was 4.3 (n=45)



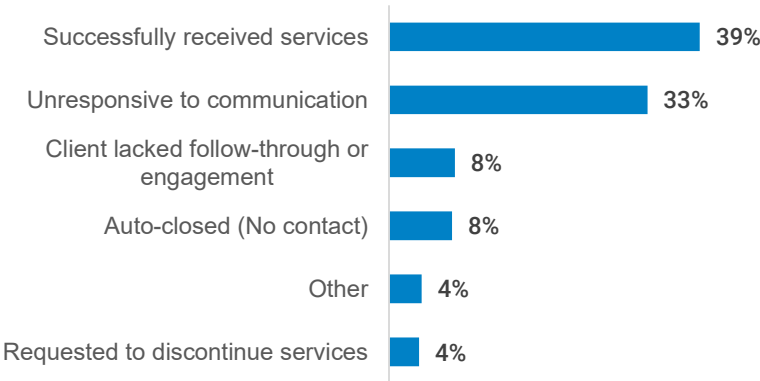
85%

reported the amount of communication they had with the BIA-NE staff was “about right”



of those who received the client satisfaction survey during the year participated in it (n=286)³⁶

Nearly 40% who did not participate in the survey successfully received services from the BIA-NE (n=289)³⁷



³⁶ Client satisfaction surveys were sent twice during the fiscal year. Clients with a case ending between July and December 2024 received a survey in January 2025 while clients with a case ending between January and June 2025 received a survey in July 2025. There were 20 clients who received it during both administrations. Surveys were sent via SurveyMonkey. To help increase the response rate, BIA staff sent a generic link of the survey to their clients who had not responded to the survey following two reminder emails via SurveyMonkey.

³⁷ There were 6 additional reasons for closures that accounted for 1% or less. This only accounts for those who participated in the survey via the email sent through SurveyMonkey. This does not include the 12 that completed the generic link.

BRAIN INJURY ASSISTANCE ACT SPENDING

	YEAR ONE July '21 - June '22	YEAR TWO July '22 - June '23	YEAR THREE July '23 - June '24	YEAR FOUR July '24 - June '25
Total Funding:	\$ 450,000.00	\$ 450,000.00	\$ 450,000.00	\$ 475,000.00
Use of Funding:				
Payroll and Related Expenses	\$ 373,079	\$ 484,488	\$ 622,091	\$ 698,359
Accounting and Auditing Fees	\$ 4,451	\$ 5,645	-	\$ 16,144
Consultants	\$ 47,107	\$ 61,762	\$ 47,904	\$ 64,735
Advertising & Promotion	\$ 23,069	\$ 23,447	\$ 11,471	\$ 6,263
Bank, Credit Card, and Investment Fees	\$ 989	\$ 640	\$ 811	\$ 903
Software and Website Expenses	\$ 24,155	\$ 7,757	\$ 39,404	\$ 27,904
Conferences and Meetings	\$ 731	\$ 1,976	\$ 3,830	\$ 6,399
Dues & Subscriptions	\$ 7,407	\$ 6,687	\$ 12,748	\$ 4,696
Program Events and Efforts	\$ 200	\$ 7,045	\$ 12,588	\$ 4,524
Insurance	\$ 5,346	\$ 9,592	\$ 5,931	\$ 6,060
Office Supplies and Expenses	\$ 11,494	\$ 4,593	\$ 7,068	\$ 8,493
Postage, Mailing Service	\$ 126	\$ 205	\$ 214	\$ 611
Printing & Copying	\$ 10,429	\$ 2,889	\$ 15,690	\$ 7,319
Rent and Utilities (Telephone, Internet)	\$ 3,163	\$ 4,982	\$ 6,561	\$ 4,148
Travel and Meals	\$ 9,009	\$ 21,970	\$ 31,831	\$ 41,876
Professional Development/Training	\$ 12,772	\$ 13,460	\$ 4,324	\$ 6,148
Miscellaneous	\$ 67	\$ 882	\$ 421	\$ 1,303
Total Use of Funding:	\$ 533,594	\$ 658,019	\$ 822,887	\$ 905,887
Underspent (Overspent)	\$ (83,594)	\$ (208,019)	\$ (372,887)	\$ (430,887)

Throughout the last four years, BIA-NE spent more than \$1,095,387 of its own operating funds to supplement the work funded by the Brain Injury Assistance Act. Although the Assistance Act funds most costs incurred, demand for resources and assistance and the resulting costs exceed what the Act funds. To cover the additional costs, BIA-NE utilizes contributions from its donors and Medicaid Administrative Claiming (MAC) funding received through the Aging and Disability Resource Center (ADRC).

In Year 4, the BIA-NE spent nearly the same amount they were awarded through the Assistance Act to carry out the expenditure priorities

