

Brain Injury Assistance Act

MID-YEAR REPORT

**Key Highlights from the Brain
Injury Association
of Nebraska for
July – Dec. 2025**

The Brain Injury Assistance Act 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 to address **seven expenditure priorities**¹.

The Brain Injury Association of Nebraska (BIA-NE) is in its fifth year of receiving the funding. While this report primarily highlights **efforts from July 1, 2025 through December 31, 2025**, there are areas where trend data is explored. The evaluation is conducted by Partners for Insightful Evaluation (PIE), with bi-annual reports developed for the Brain Injury Oversight Committee and public.

1. Resource Facilitation

345 individuals were served through Resource Facilitation

366 referrals and **1,355 resources** were provided during the six-month time frame

2. Training for Service Providers

31 Brain Injury 101 trainings have been offered, reaching **more than 1,200 attendees**

About **83%** reported an **increase in knowledge** about brain injury following the training

3. Registry Letter Follow-up

Half of those who called the BIA-NE after receiving the Registry letter sought services from the BIA-NE (n=15)

4. Public Awareness

More than 200 outreach events took place during the six-month period

BIA-NE staff met **with 52 organizations** to generate referrals and/or identify additional supports for clients

5. Supporting Research

149 screenings were done through the Online Brain Injury Screening and Support System (OBISSS). De-identified data is shared monthly with UNL to further explore symptoms and prevalence in Nebraska.

6. Quality Improvement and Standards of Care

At least **119 unique people** have been screened for **Adverse Childhood Experiences (ACEs)** through the BIA-NE, with more than half wanting to be linked to resources specifically about their ACEs

7. Evaluating Needs

About **20%** of the clients who completed services during the six-month period complete a satisfaction survey; **90%** felt the **level of communication from the BIA-NE was just right**

¹ Legislative Bill 418 <https://nebraskalegislature.gov/FloorDocs/106/PDF/Slip/LB481.pdf>

Resource Facilitation

PRIORITY 1

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

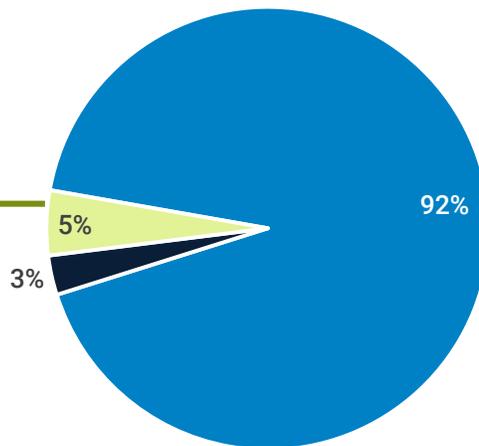
Throughout the six months, there were 380 cases – a majority of which were with clients who were **served by Resource Facilitators for more than one hour**²

A case is a formal period of service with a Resource Facilitator, with a start and end point. An individual or professional may have multiple cases with the BIA-NE.

Professional Consult

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

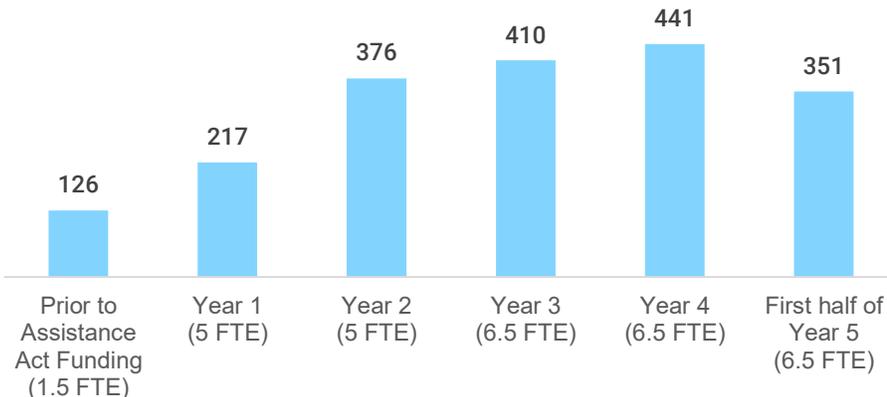
 **19 professionals received support from the BIA-NE**



A Note About Service Levels

The levels of resource facilitation were redefined in fall 2025 to align with North Dakota's approach. Rather than having each RF determine what type of case each client should have, it is standardized based on time. If a staff member spends more than 60 minutes working with a client, they have a "Resource Facilitation" level of service. Less than one hour is considered "Information and Referral."

The number of resource facilitation cases each year has increased, in part due to enhanced capacity of the staff³

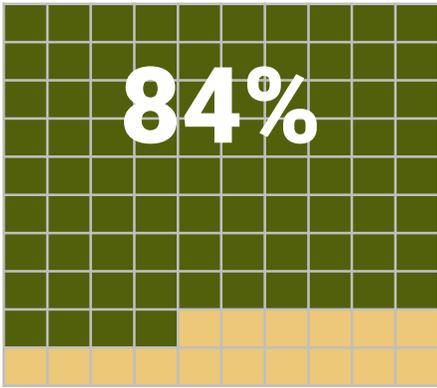


345  **unique individuals were served through Resource Facilitation⁴**

² This encompasses any client who was actively served between July 1 and December 31, 2025. It includes those who started services during the six-month period as well as those who started prior to July 2025 and were still receiving services.

³ This graph reflects cases that started during that fiscal year, so the actual caseload may be higher in a given year. It does not include professional consult cases. The FTE is based on how many FTEs were designated. Staff vacancies occurred each year, which may have decreased capacity at a given time.

⁴ This is the total of unique individuals served. Some graphs in the report will have less than 345, likely indicating information is missing for clients. Other graphs may have more than 363. That indicates the graph is related to data where an individual may have more than one (i.e. area of need, brain injury, etc.).



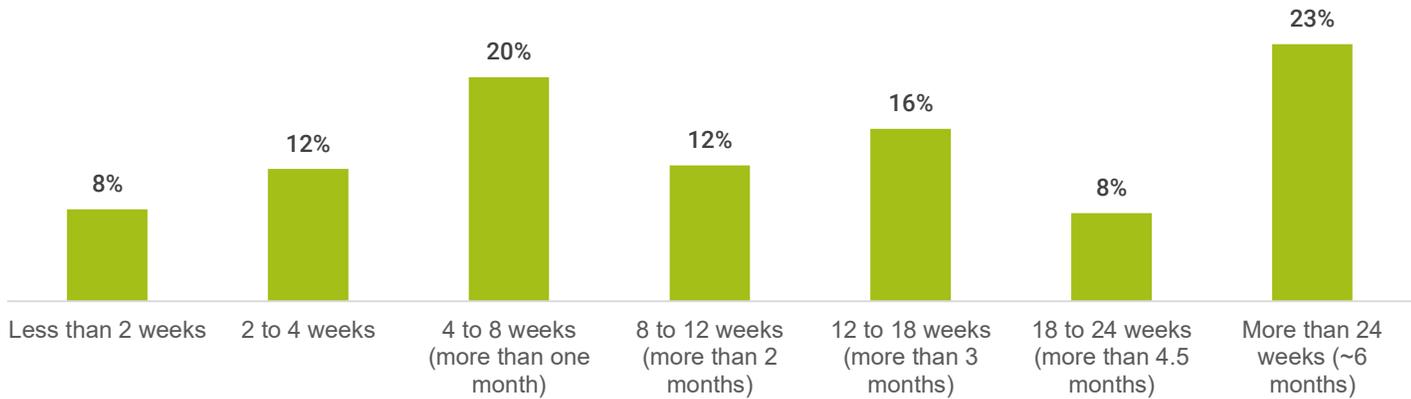
of the cases during the six-month period **closed** while the remaining **16%** were still actively receiving services

Among the cases that were open as of 12/31/25 (n=62), the average length of time the case has been going is

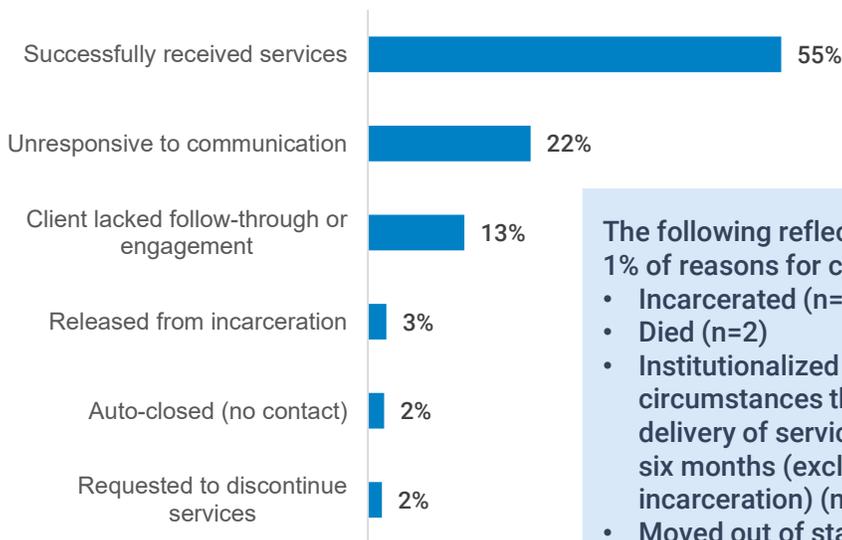


21 weeks

Among the cases with clients that have closed, the average length of time the case was open was 16.5 weeks (n=300)



More than half the cases that closed concluded because the client successfully received services (n=318)



The following reflected less than 1% of reasons for case closure:

- Incarcerated (n=4)
- Died (n=2)
- Institutionalized under circumstances that preclude delivery of services for at least six months (excluding incarceration) (n=2)
- Moved out of state (n=2)
- Other (n=2)

Among cases that closed, at least

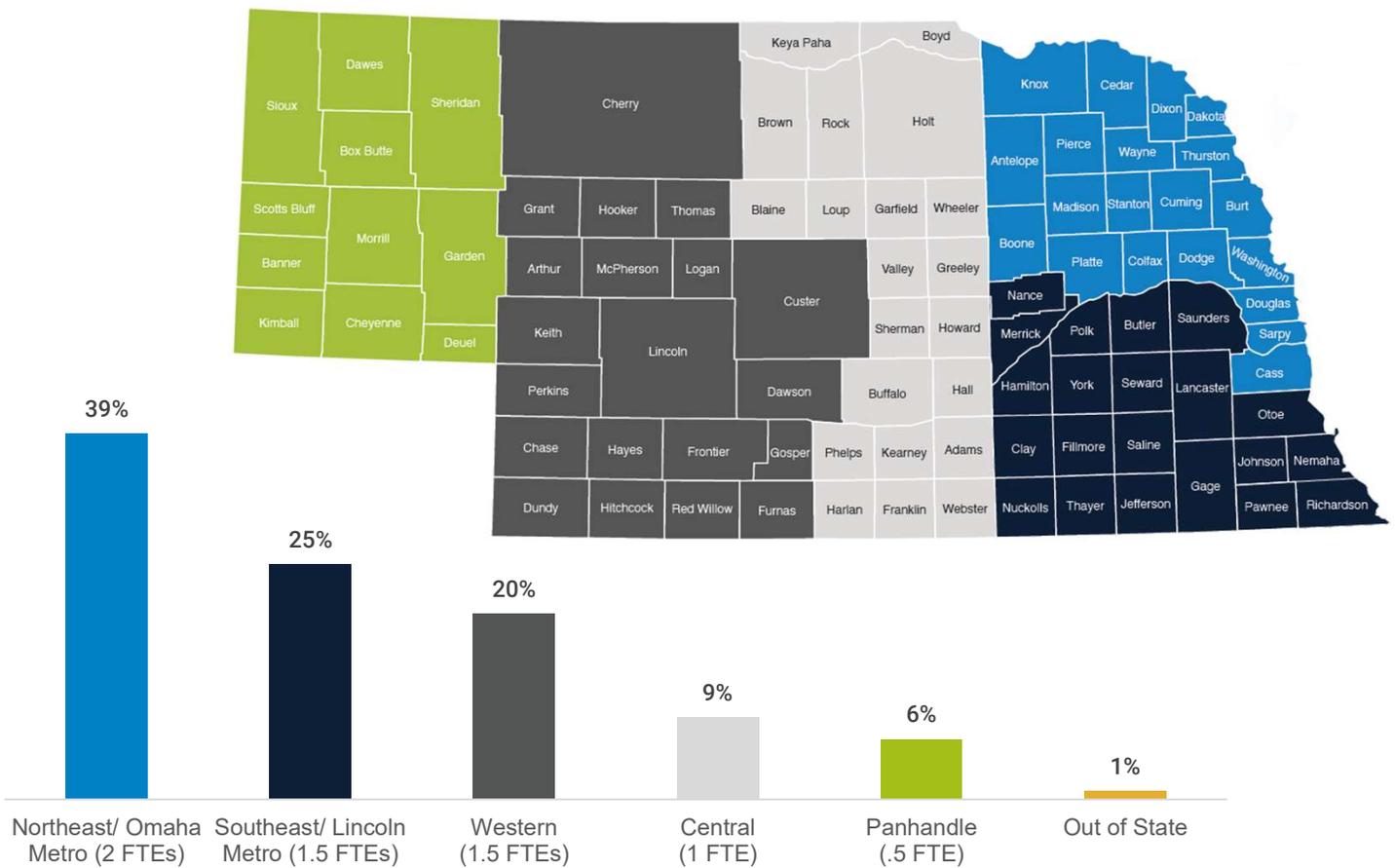
3,178

tasks were documented between July 1 and December 31, 2025⁵

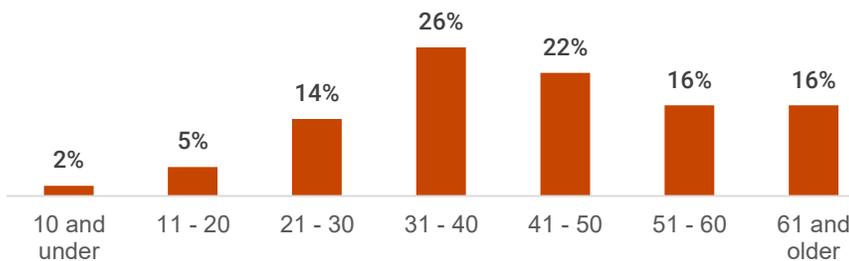
⁵ Resource Facilitators are not required to document tasks in Salesforce. This is also based on the date of the task, so clients who are reflected in this data may have had additional tasks prior to July 1, 2025.

Demographics of Clients Served⁶

The geographic locations of clients served during the year varied, in part based on the capacity of Resource Facilitation in that region (n=344)⁷



Individuals with brain injury served were between the ages of 3 and 84, with the average age being 43 (n=333)



Clients were from 41 counties in Nebraska, representing



of Nebraska's 93 counties

51% male



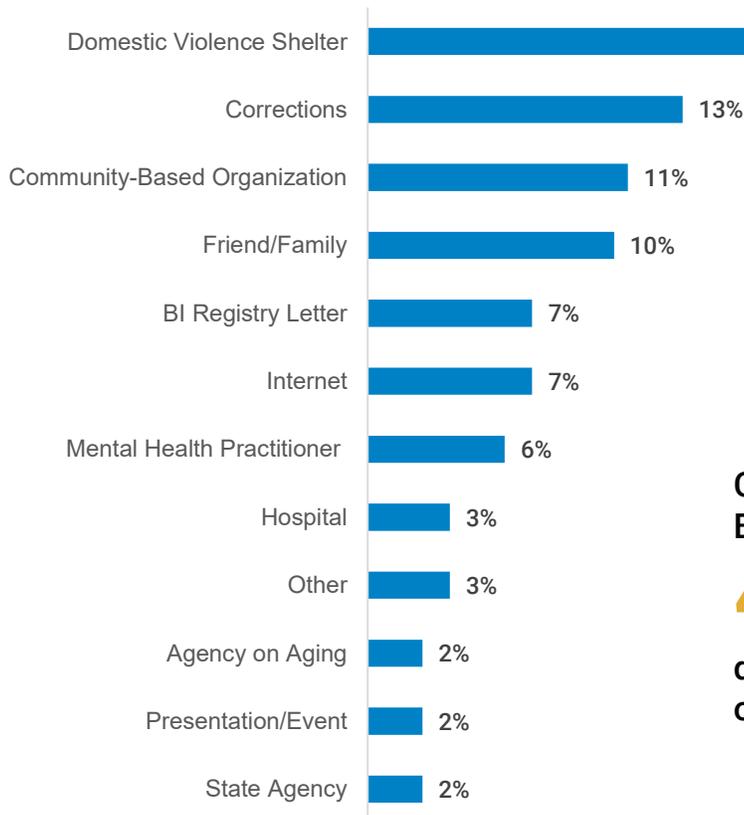
48% female

⁶ 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.

⁷ Of the out of state clients, two were from Iowa and one was from Illinois.

Hearing About BIA-NE⁸

Domestic violence shelter and corrections remain the most common ways people hear about BIA-NE (n=173)



This remained a key referral entity because BIA-NE is participating in a National Institutes of Health (NIH) grant with the University of Nebraska Medical Center, which has DV programs screening clients and referring them to BIA if the client is interested in receiving services

Clients were referred to BIA-NE by at least

49
different
organizations



53%

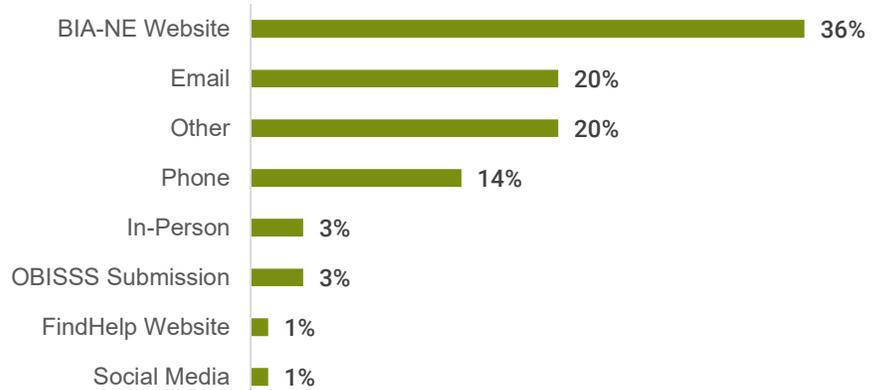
were organizations that were not listed as an inbound referral source during Year 4

A Note About Connecting to the BIA-NE



In part to streamline the collection of information and better serve clients, the website was updated to include a way for individuals with brain injury, family members/caregivers, and professionals to request support from the BIA-NE. While the website only accounted for 5% of the inbound referrals documented in Year 4, that substantially increased in the first half of Year 5.

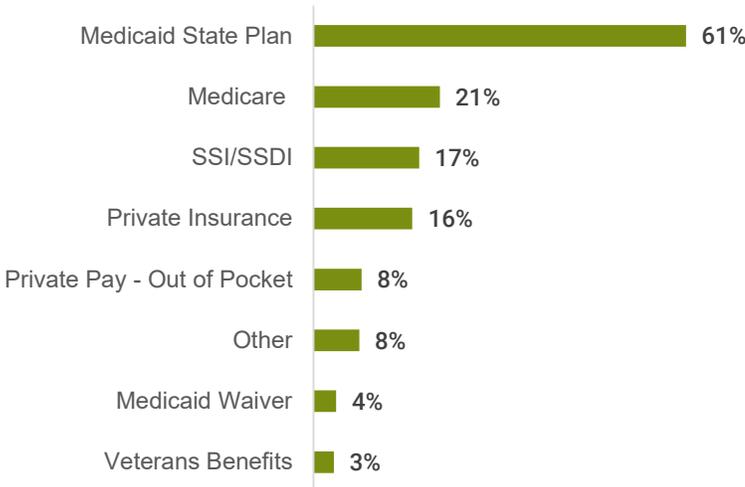
The BIA-NE website was the most common way people got connected to the (n=173)



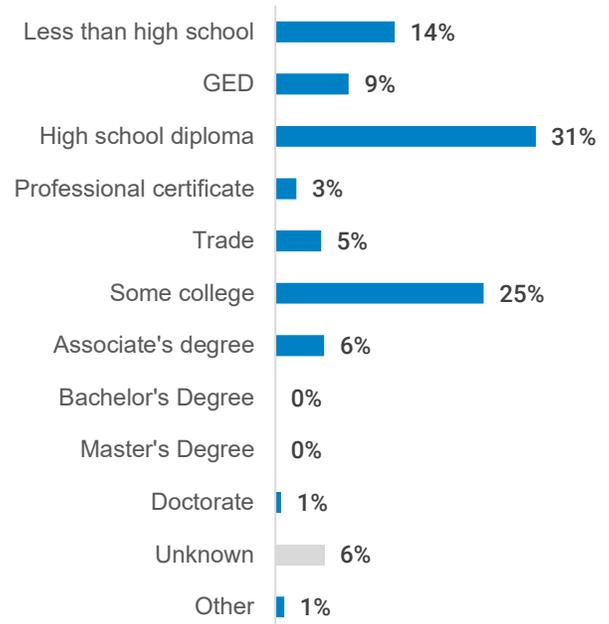
⁸ Data is based on the date of the inbound referral. This will include any individual (regardless of whether they received Resource Facilitation services) that was referred to BIA-NE between July 1, 2025 and December 31, 2025. It would not reflect clients served during this fiscal year that were referred to BIA prior to July 1, 2024.

Funding Supports / Employment

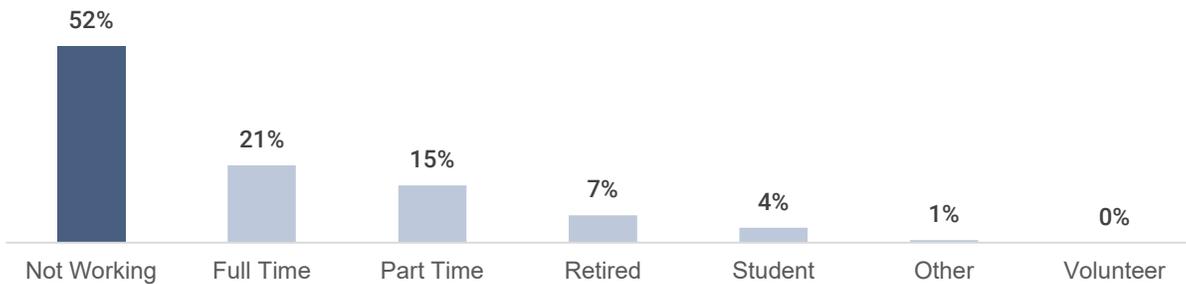
More than half the clients served reported being on a Medicaid State Plan (n=265)



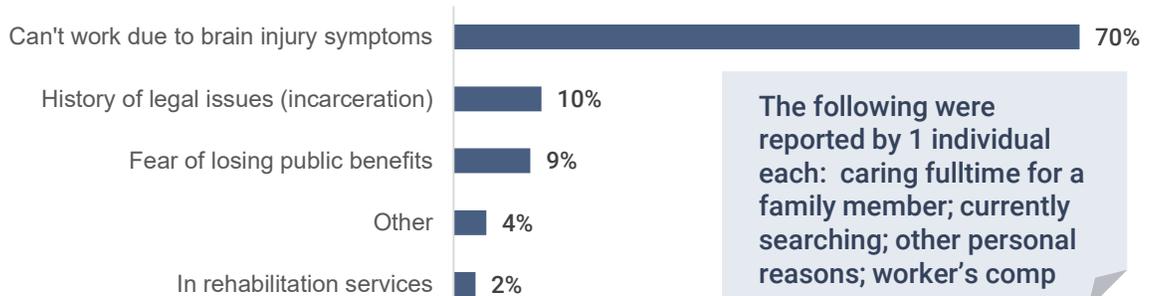
Half the clients served have a high school diploma or less (n=275)



Half the clients that started an RF case in the previous six months with employment data were listed as not working (n=151)⁹



A majority have that they are unable to work due to brain injury symptoms reported as the reason for not working (n=161)¹⁰



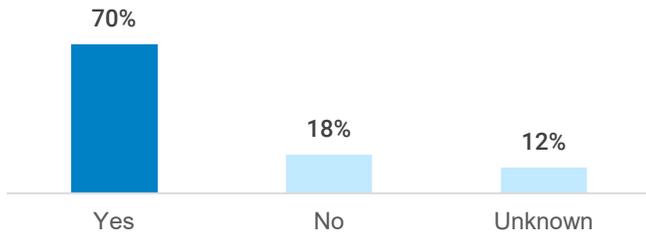
The following were reported by 1 individual each: caring fulltime for a family member; currently searching; other personal reasons; worker's comp

⁹ Due to how data elements are tracked (by person rather than their case), there are two caveats with employment data. The first is it only reflects clients who started services between July 1, 2025 and December 31, 2025. 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.

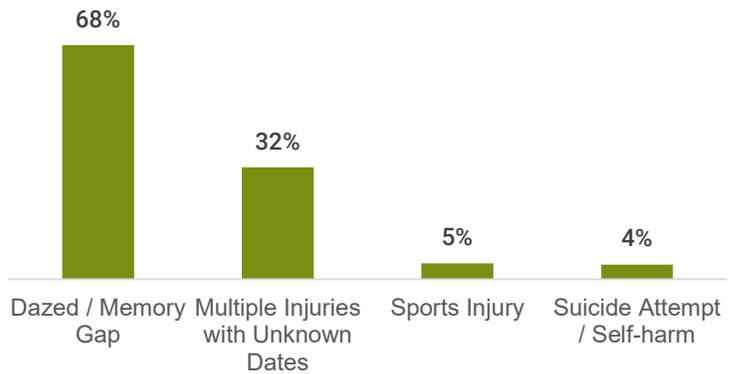
¹⁰ Can't work due to brain injury symptoms may include noise sensitivity, light sensitivity, not getting or having accommodations, etc. This is based on discussion between the client and Resource Facilitator.

Injury Details¹¹

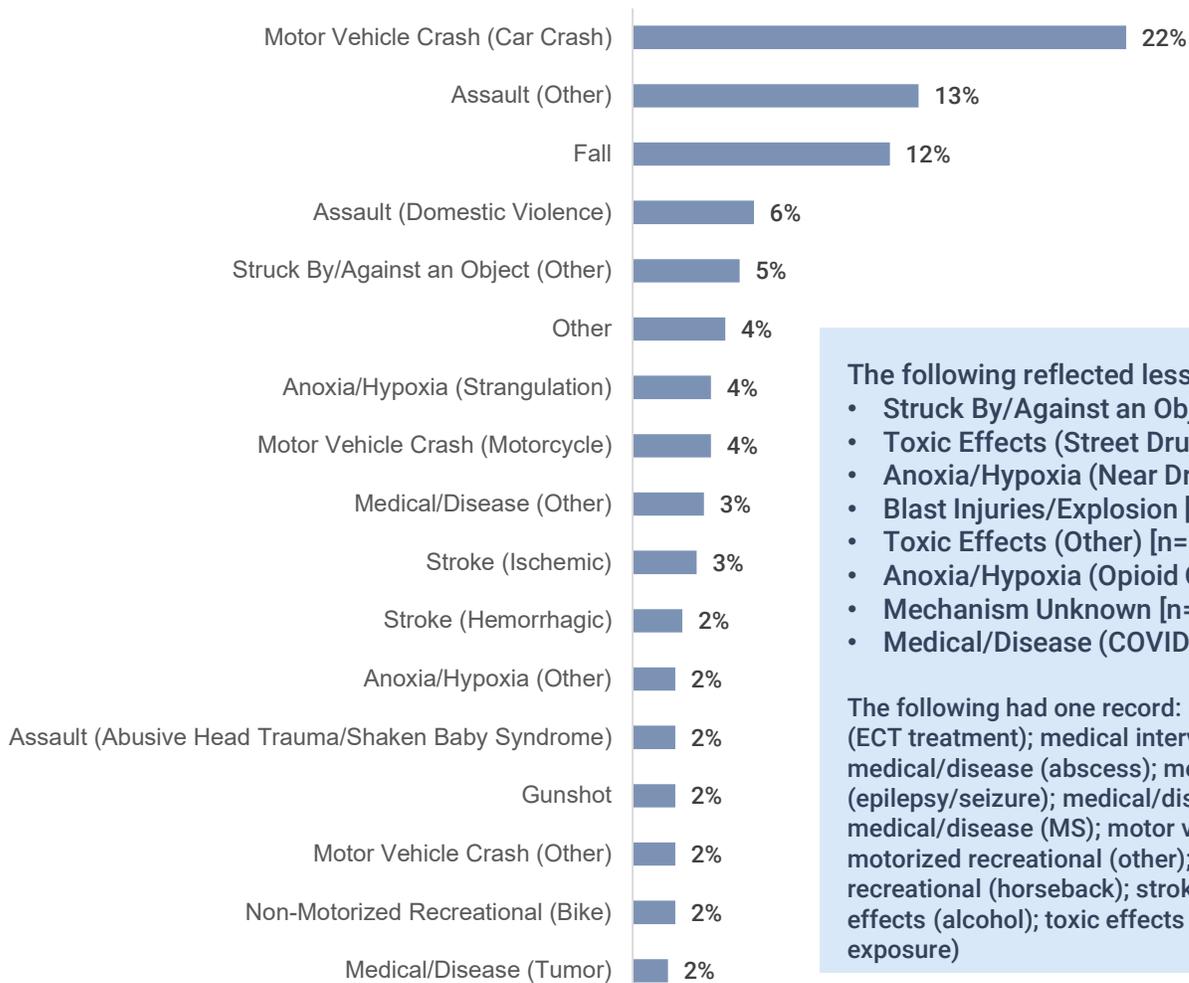
A new data field shows that 70% reported being seen by a medical professional for the brain injury (n=33)



About two-thirds of the injuries recorded resulted in the individual feeling dazed or having a memory gap (n=308)



Among 308 injuries documented for 191 clients, car crash, assault (other), and fall accounted for about half the injuries



The following reflected less than 2% of injuries:

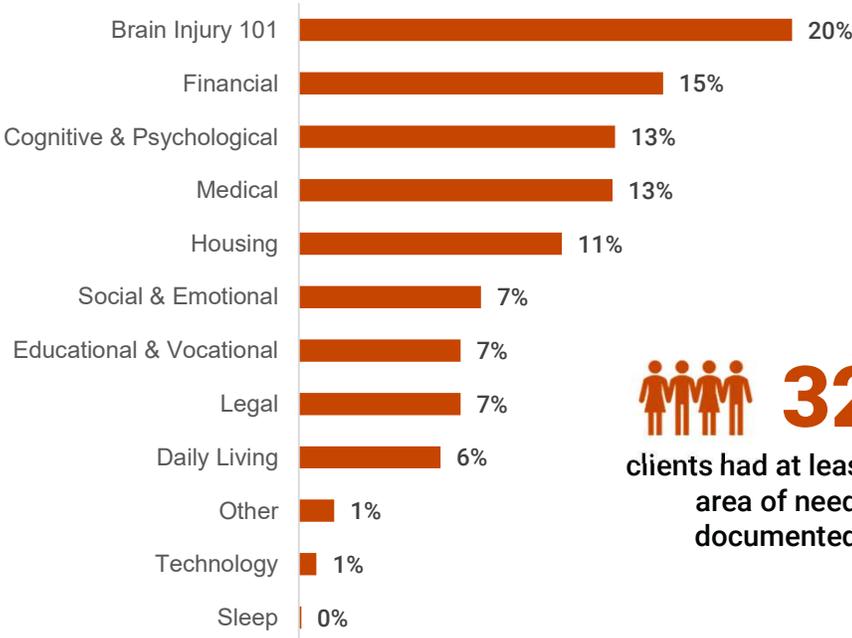
- Struck By/Against an Object (Pedestrian) [n=4]
- Toxic Effects (Street Drugs) [n=4]
- Anoxia/Hypoxia (Near Drowning) [n=3]
- Blast Injuries/Explosion [n=3]
- Toxic Effects (Other) [n=3]
- Anoxia/Hypoxia (Opioid Overdose) [n=2]
- Mechanism Unknown [n=2]
- Medical/Disease (COVID-19) [n=2]

The following had one record: medical interventions (ECT treatment); medical interventions (other); medical/disease (abscess); medical/disease (epilepsy/seizure); medical/disease (meningitis); medical/disease (MS); motor vehicle crash (moped); motorized recreational (other); non-motorized recreational (horseback); stroke (TIA); toxic effects (alcohol); toxic effects (chemical exposure)

¹¹ Injury information is reported for the clients that were actively served from July 1, 2025 to December 31, 2025. The types of injury include up to 48 causes, which aligns with other states that utilize SalesForce to track services. 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 share – 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 Clients¹²

Among all the needs documented and assigned to one of 12 need categories, the most common was Brain Injury Self-Understanding (n=970)



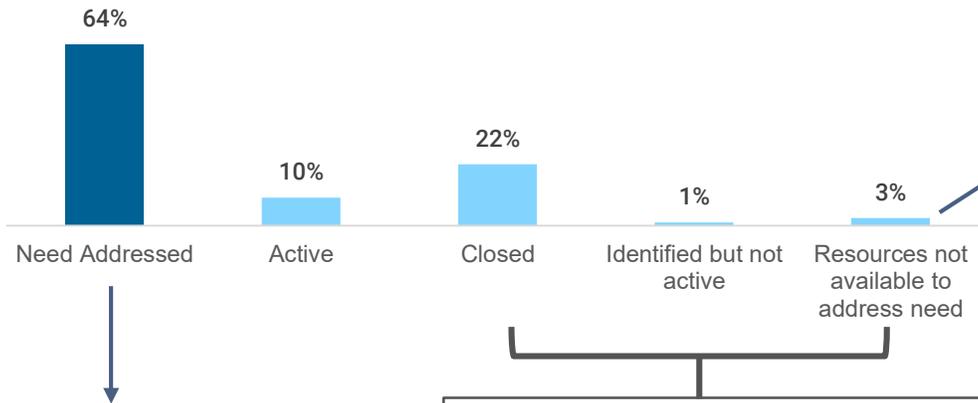
 **322**
clients had at least one area of need documented

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=94) had 4 or more areas of need documented

Nearly two-thirds of the needs identified were addressed by the Resource Facilitator (n=973)



The 26 needs that could not be met fell within 8 of the 12 categories

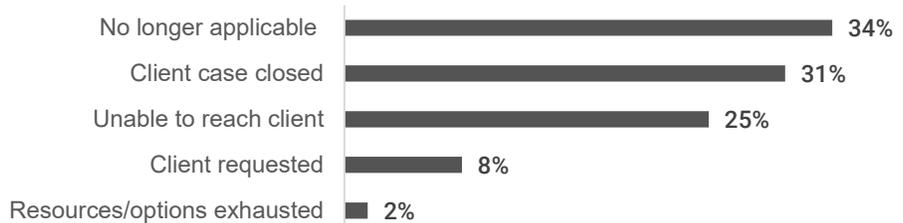
- Housing needs were most common category (23%)
- Financial reflected 19% of the unmet needs
- Social & Emotional and Transportation had 15% each

Among cases that started during the six-month period, clients received an average of

6.5

referrals and resources to address their needs

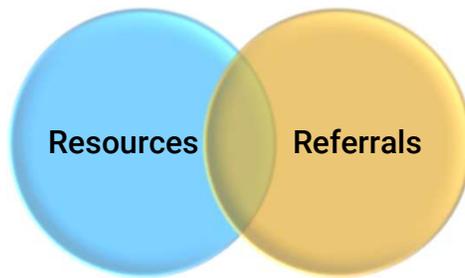
Among needs that weren't addressed, more than half (56%) were because staff could not reach the client or the case closed (n=343)



¹² 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 & Resources¹³

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.



1,355

resource shares were documented during the six-month period

A new mechanism was also developed within Salesforce to more easily share resources with clients via email. After a client selects which resource(s) they would like to share with a client, an email template is generated to allow staff to copy/paste active links to all the resources for clients.

The most common resources were:

- BIA-NE Staff Verbal Support (125 shares)¹⁴
- A Guide to Working with Individuals with Brain Injury (102 shares)
- OBISSS Flyer (87 shares)
- Resource Facilitation Brochure (79 shares)
- Feeling Different After a BI / BI Symptoms Rack Card (61 shares)

If you'd like to copy the information about the resources to share in an email select the text below

Accommodating TBI
<https://biane.my.salesforce.com/sfc/p/8Z000000bwoS/a/UP0000059LYb/wHnxwfluh1KpUY4OeAzMN.V39t.DBjrcxkKkCQV8Q>

Adjusting Expectations
<https://www.haileymagee.com/blog/2023/12/30/adjusting-expectations?rq=adjusting%20expectations>

BIA-NE Handout: OBISSS Flyer
https://biane.my.salesforce.com/sfc/p/8Z000000bwoS/a/UP0000035a6r/dqJTH_LBUQN64CQ39UMV11TPXixwysbm5APVx8qjQYU

"She gave me lots of contacts to reach out to. Without her help I wouldn't know where to begin."



A Note About Resources



BIA-NE staff use Salesforce to maintain resources for clients. By the end of the calendar year, there were 469 active resources in the Resource Library, with more than 100 new resources being added during the six-month timeframe. Staff receive an email each week summarizing new resources that have been added.

366

referrals were documented during the six-month period



Clients were referred to

185

unique organizations

The most common organizations included:

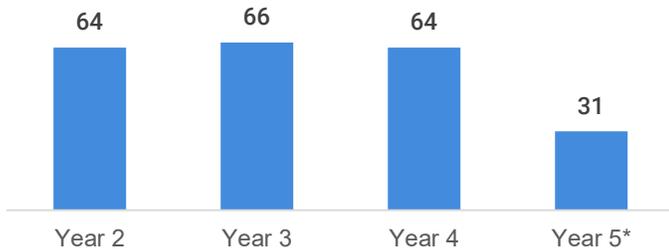
- Madonna Rehabilitation Hospital – Lincoln (23 referrals)
- Legal Aid of Nebraska (12 referrals)
- Barkley Speech Language & Hearing Clinic and Nebraska VR (9 referrals each)
- Easterseals Nebraska (7 referrals)
- Assistive Technology Partnership, DHHS – Division of Medicaid and Long-Term Care – Eastern Nebraska Office on Aging, and Society of St. Vincent de Paula Omaha (6 referrals each)

¹³ Data on this page includes referrals and resources that were provided between July 1, 2025 and December 31, 2025 for greater accuracy. Clients served may have received referrals and resources before and/or after that time frame.

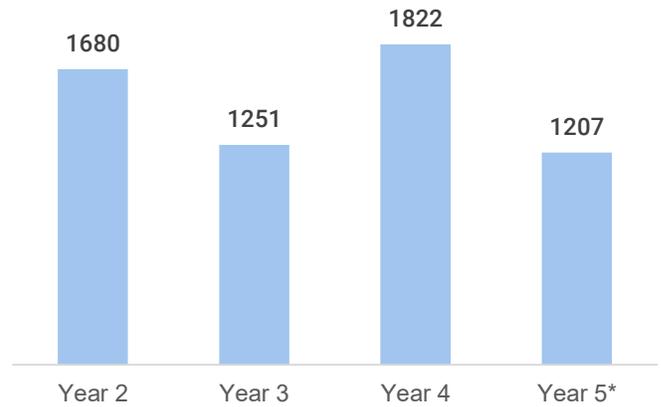
¹⁴ BIA-NE Staff Verbal Support describes assistance provided by staff members based on their expertise and/or experiences, such as social work, behavioral health, etc. This is not meant to capture general engagement with clients.

BIA-NE is on track to offer as many Brain Injury 101 trainings as they have in previous years

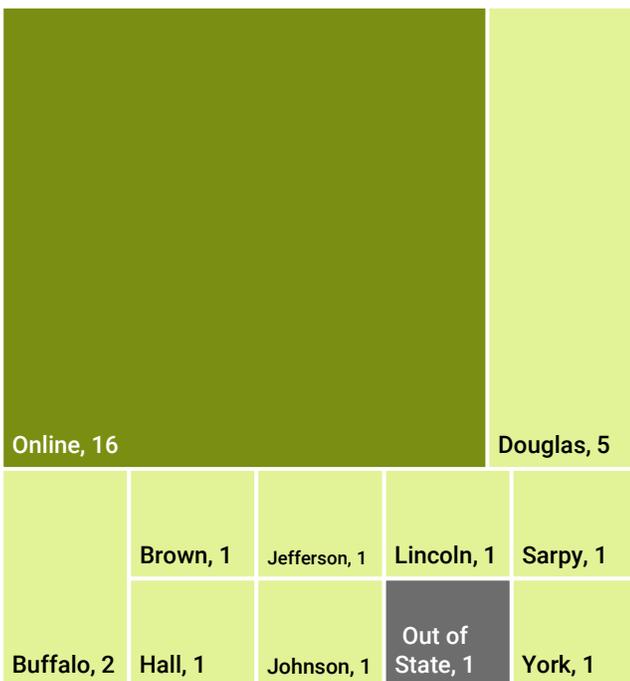
BI 101 Trainings Offered Each Year



Number of Attendees at BI 101 Trainings



While most trainings were offered online, there were also in-person trainings done in 9 Nebraska counties

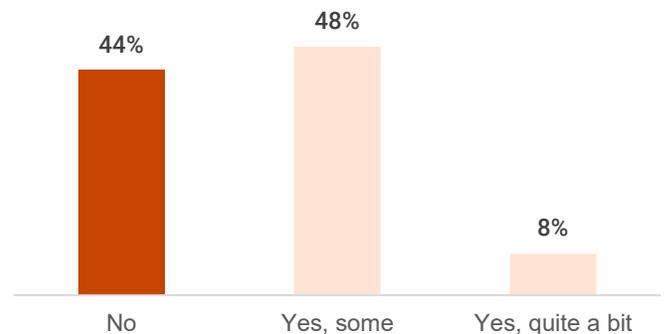


"All of it was valuable to the staff I support. I may not see patients, however the staff I arranged this for will."



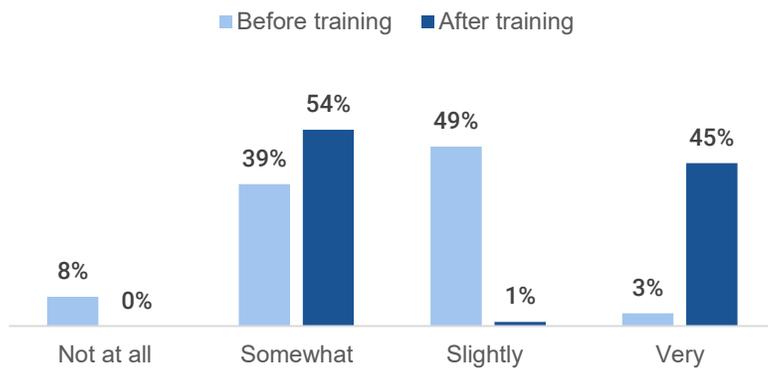
87 evaluations were completed¹⁵

About two out of every five people trained reported they had **not** previously participated in brain injury training or education (n=87)

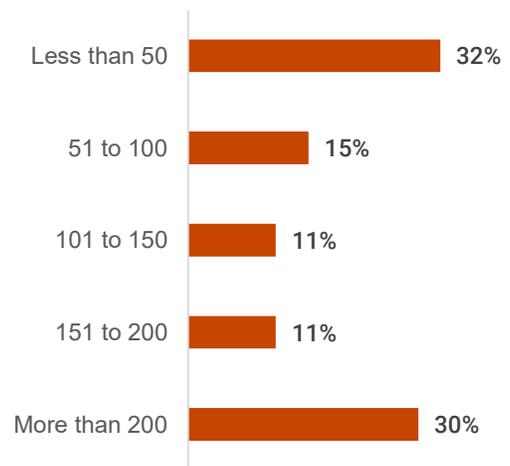


¹⁵ Although efforts are made to promote the evaluation after the training, including having paper copies available for in-person trainings, using QR codes, and offering time to complete the survey during the training, there is still a relatively small number of people who complete the evaluation following a training or presentation.

About 83% reported an increase in knowledge about brain injury because of the training (n=87)



Among the attendees that work directly with clients or patients, half serve more than 100 individuals each year (n=71)

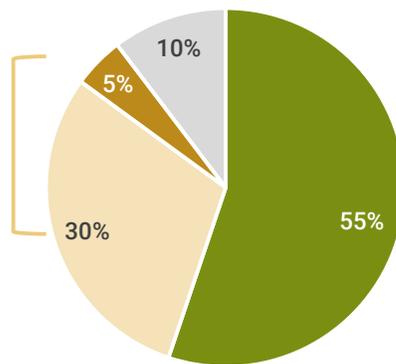


More than half indicated they would have a chance to use the brain injury screening tool with people they serve (n=87)

■ Yes ■ Not sure ■ No ■ Not applicable

Among 31 who noted why they would not or weren't sure if they could use the screening tool:

- 45% reported they would need agency approval
- 35% reported it is not their role in the agency
- 19% reported they have limited to no interaction with clients

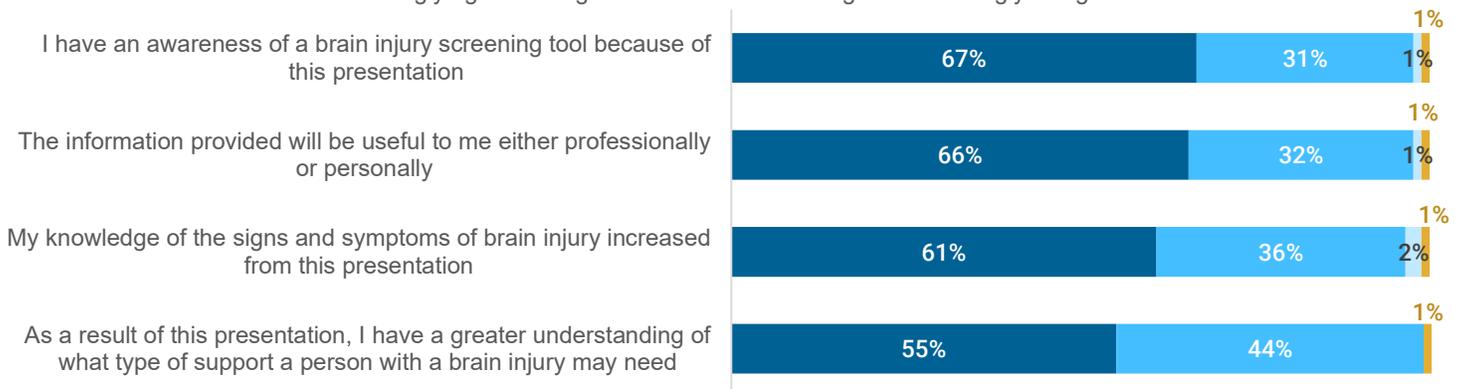


"The most valuable part of the presentation was the screening tools shared and the different accidents that can cause a TBI."



Nearly all agreed they have a greater understanding of what type of support a person with a brain injury may need (n=87)

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



Need Help?

Brain Injury Association of Nebraska
 (844) 423-2463
bia-ne.org
 Staff are located throughout the state and are knowledgeable about brain injury. They provide information, referrals, and assistance with accessing community services.

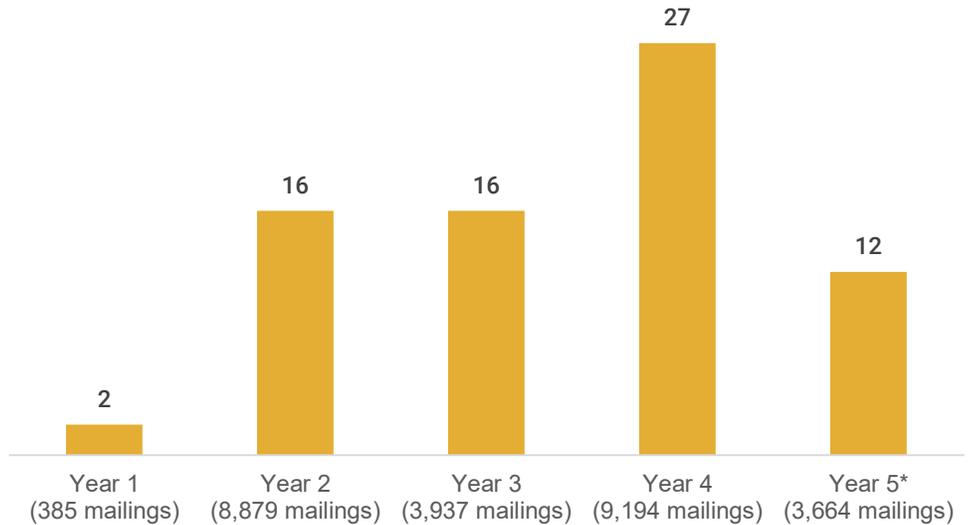
Aging & Disability Resource Center
 (844) 843-6364
<https://dhhs.ne.gov/Pages/Aging-and-Disability-Resource-Center.aspx>
 The 13 ADRCs serve Nebraskans 60 years and older, people with disabilities of all ages, family members, caregivers, and advocates. They connect people to information, referrals, and assistance with accessing community services and long-term care options.

NE Client Assistance Program's (CAP) Hotline for Disability Services
 (800) 742-7594
<https://cap.nebraska.gov/>
 The hotline offers information and referrals to Nebraskans who have questions or concerns related to a disability. Common topics include rehabilitation services, special parking permits, transportation, and legal rights.

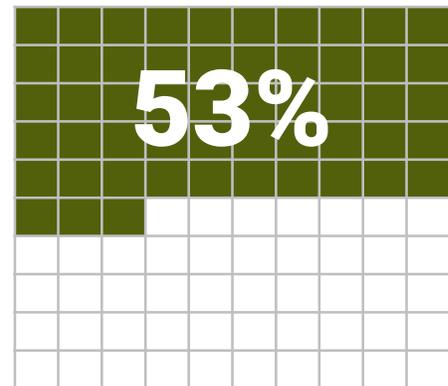
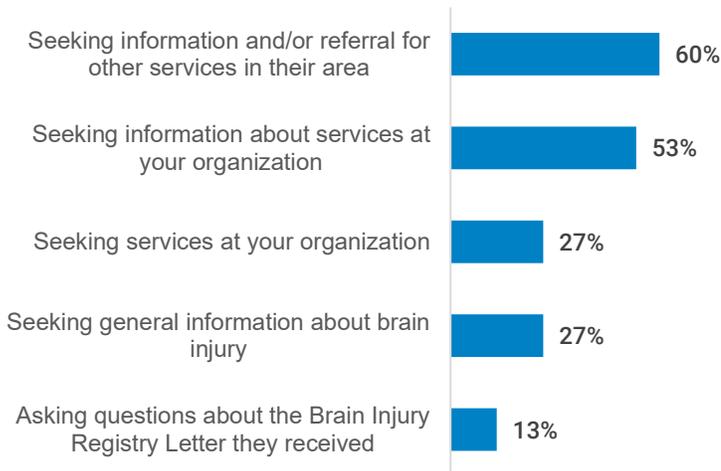
Nebraska 211
 (866) 813-1731
<https://uwm211.org/nebraska-programs/>
 This directory provides information on support services and programs across the state.



BIA-NE is one of four organizations listed on the rack card provided with the TBI Registry Letter, though the total number of people who receive services from the BIA-NE after the mailings vary¹⁷



There were 15 calls documented by the BIA-NE following a Registry mailing, with most seeking information about services in their area¹⁸



53%
 of those who called were able to receive general education about brain injury from the BIA-NE

¹⁶ Information about the TBI Registry letter and rack card is available through the Brain Injury Advisory Council website at <https://braininjury.nebraska.gov/resources/brain-injury-data-and-statistics>.

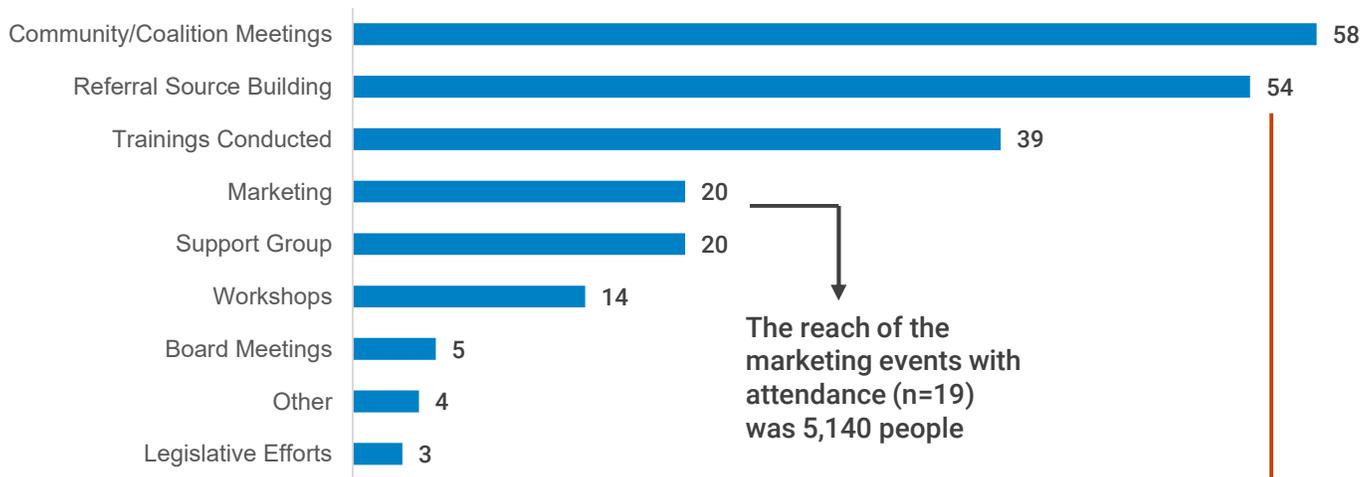
¹⁷ Prior to January 2023 (Year 2), there were 30 response options for how a client heard about BIA-NE, though only one option could be selected. That was modified with the transition to Salesforce so staff can select all that apply. As a result, it is possible that more people prior to January 2023 heard about the BIA-NE through the Registry letter.

¹⁸ BIA-NE staff record information about calls they receive because of the TBI Registry Letter through a survey for Nebraska VR. Staff have a prompt within Salesforce to complete the form if they select that a client heard about the BIA-NE through the TBI Registry Letter.

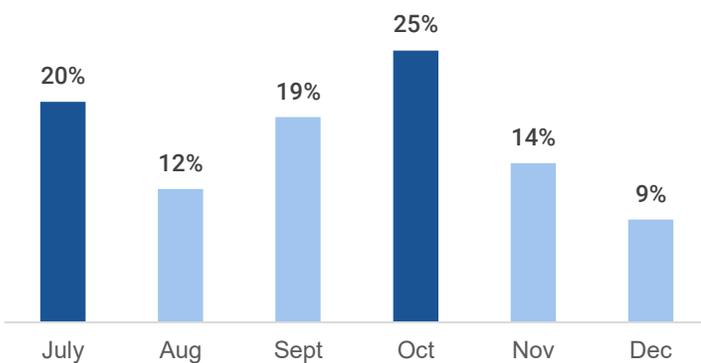
Public Awareness

PRIORITY 4

More than 200 outreach events were recorded in the first half of FY26 (n=217)



Nearly half the outreach took place in **July and October** (n=213)

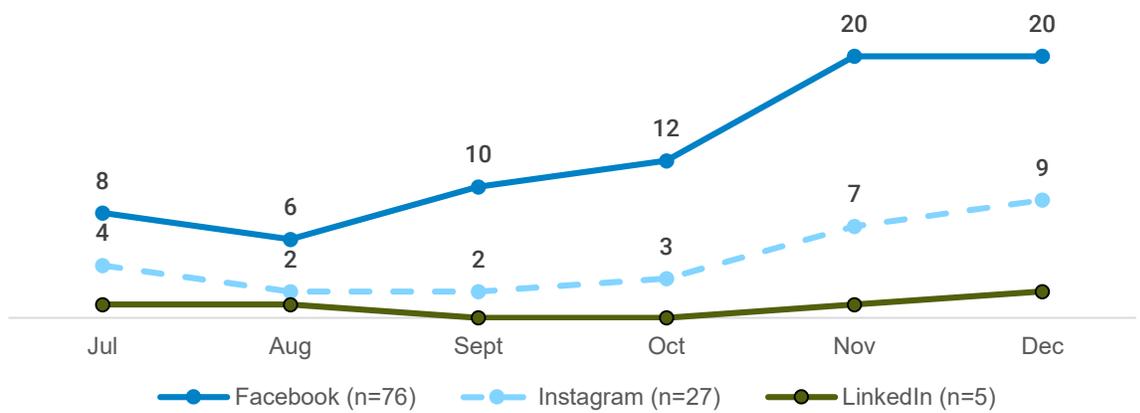


80% of the referral source building outreach were initial meetings for staff (n=54)

Staff met with **52** unique organizations

Social media posting increased toward the end of the calendar year, with Facebook being the most common

10,754 people received BIA-NE emails





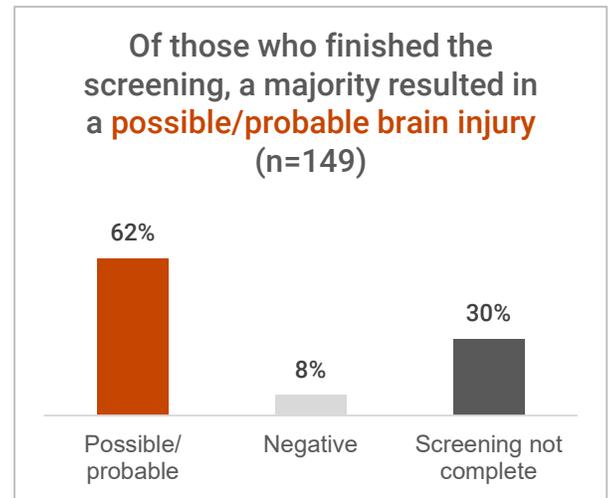
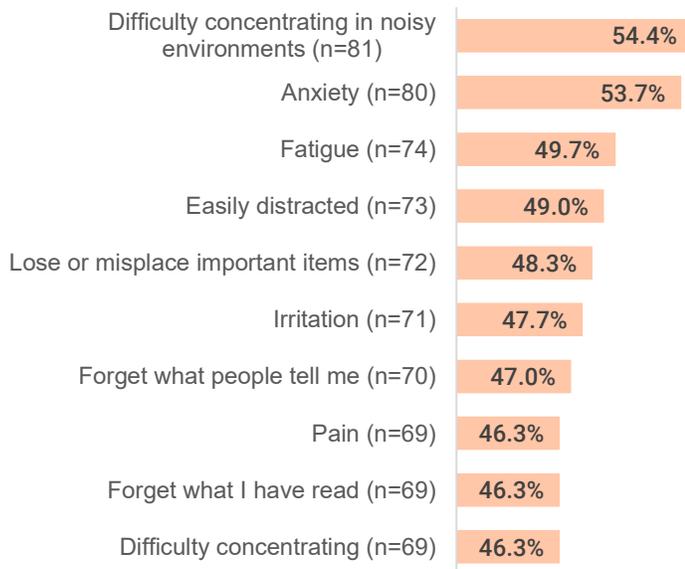
149

screenings were completed during the six-month period through the OBISSS¹⁹



of the screenings were affiliated with the BIA-NE; the remaining screenings were done by or as a result of other organizations providing the OBISSS link to individuals

More than half indicated they have challenges with concentrating in noisy environments and with anxiety



OBISSS data is shared with the Nebraska Dept. of Health and Human Services and Dr. Kathy Chiou at the University of Nebraska – Lincoln to better understand the outcomes and prevalence rates. Dr. Chiou has IRB-approval to publish findings.

Complementary Work

As part of a Sherwood Foundation grant, BIA-NE is collaborating with UNL and Munroe-Meyer Institute to conduct the OBISSS and cognitive screenings with youth at three juvenile justice centers.

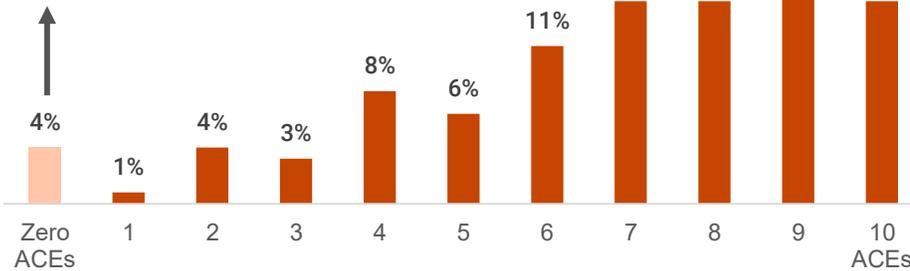


of youth screened among three juvenile justice centers had a possible/probable brain injury

¹⁹ 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.

About half (49%) of those screened for ACEs reported 8 or more (n=127)

36% of the US population and 44% of Nebraskans reported experiencing zero ACEs^{20,21}



Adverse Childhood Experiences (ACEs) Screening Tool

Guidance Document

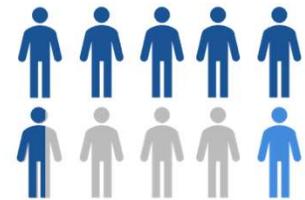
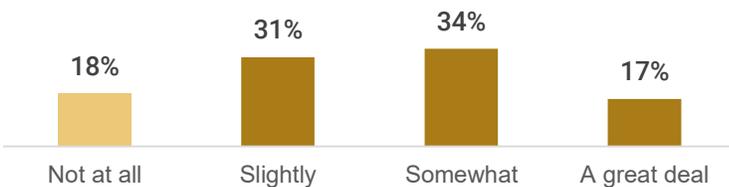
Abstract
A guidance document to assist Resource Facilitators with the Brain Injury Association of Nebraska with using the Adverse Childhood Experiences (ACEs) Screening Tool.



Complementary Work

Through funding from the Sherwood Foundation grant, BIA-NE is working toward system changes within juvenile justice settings.

More than 80% of staff reported knowing about brain injury and its symptoms has changed how they interact with youth (n=103)

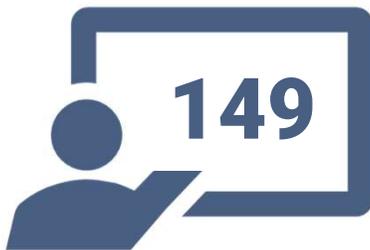


57%

wanted to be connect to resources related to their ACEs, though 11% wanted to wait (n=101)



85% reported being very or moderately confident in identifying neuropsychiatric symptoms in patients following one of the four virtual sessions (n=62)



Unique participants attended sessions as part of the “Advancing Neuropsychiatric Care: Connecting Brain Injury Treatment to Better Outcomes” training series in fall 2025

²⁰ Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/aces/ace-brfss.html>

²¹ 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>.

Evaluating Needs

PRIORITY 7

20% 

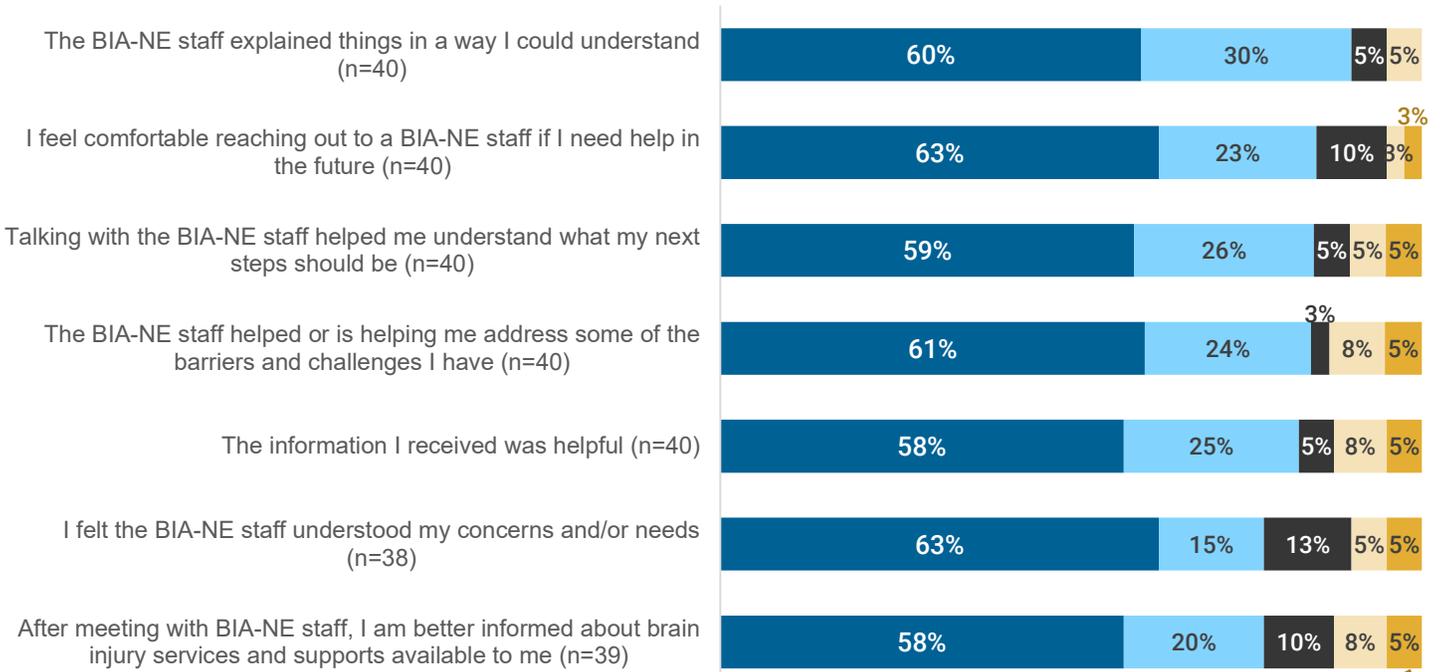
of those who received the client satisfaction survey participated in it (n=202)²²

"I wasn't swamped with information or overcome by continual requests for contact, but always felt help was there if needed. We interacted a few times and it felt just right."



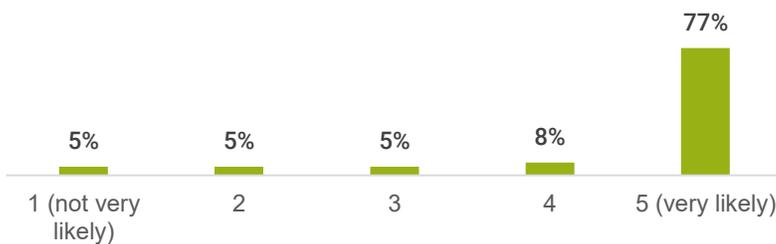
Nearly 80% **agreed** with seven statements asked about the services provided by the BIA-NE during the previous six months

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



The strongly disagree responses came from two individuals, one of whom lives on the lowa border and the other noted they did not services provided only via virtual opportunities

Most clients would recommend BIA-NE to others (n=39)



90%

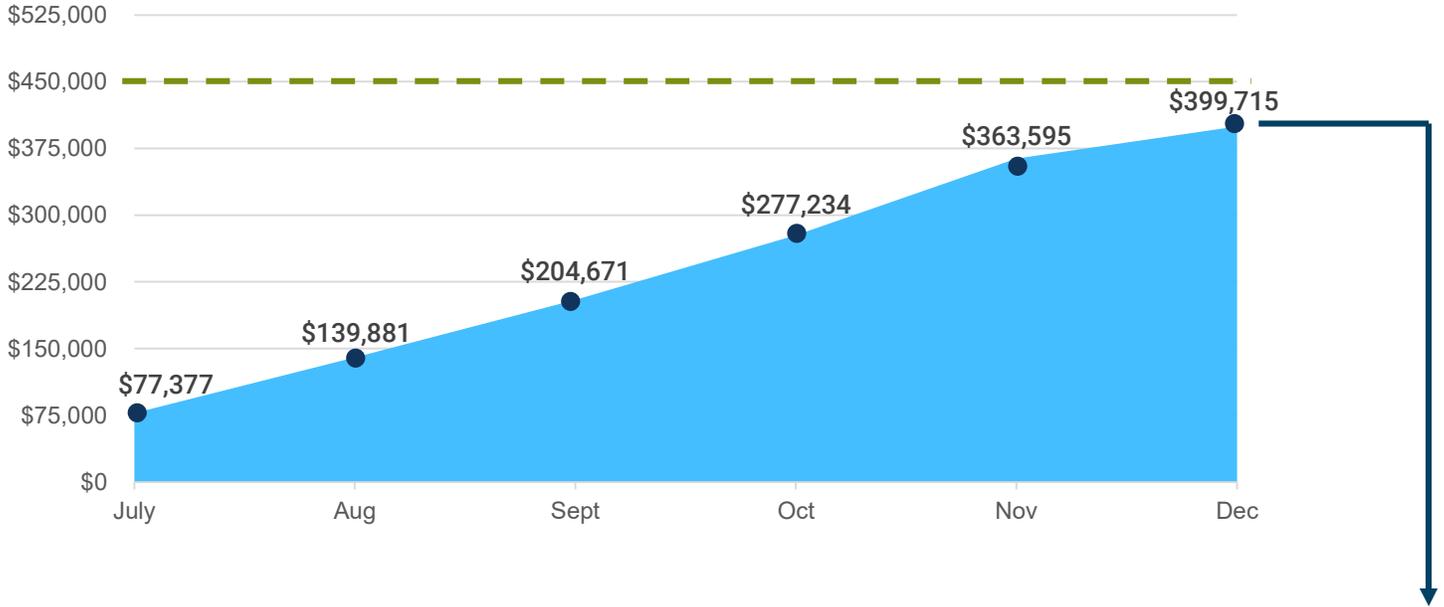
reported the amount of communication they had with the BIA-NE staff was "about right"

²² Client who ended services with the BIA-NE between July and December 2025 were sent a survey in January 2026. 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.

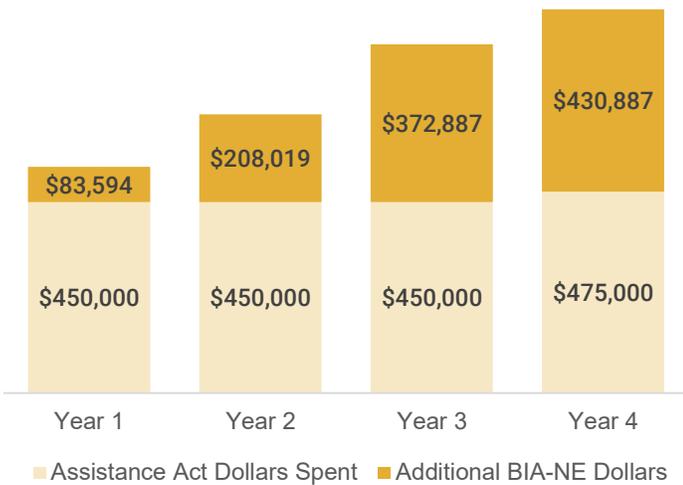
Financial Overview

SPENDING

By the end of December, BIA-NE was nearing the **\$475,000 budget** allocated for the year's Assistance Act funds



In previous years, the BIA-NE utilized contributions from donors and Medicaid Administrative Claiming (MAC) funding received through the Aging and Disability Resource Center (ADRC) to cover additional costs



Use of Funding

Payroll and Related Expenses	\$338,321
Accounting and Auditing Fees, Legal	\$1,879
IT Support, Consultants	\$23,016
Marketing & Advertising	\$1,494
Bank, Credit Card, and Investment Fees	\$294
Software and Website Expenses	(\$5,797)
Conferences and Meetings	\$1,540
Dues & Subscriptions	\$4,812
Program Events and Efforts	\$553
Insurance	\$2,444
Office Supplies and Expenses	\$5,883
Postage, Mailing Service	\$310
Printing & Copying	\$5,309
Rent and Utilities (Telephone, Internet)	\$545
Travel and Meals	\$16,623
Professional Development/Training	\$1,617
Miscellaneous	\$875
Total Use of Funding:	\$399,716