NOTICE OF PUBLIC MEETING

Notice is hereby given that a public meeting of the Brain Injury Oversight Committee will be held on December 4th, 2026, from 1:00 to 2:00 PM**.** The meeting will be held at Madonna Rehabilitation Hospital of Lincoln located at 5401 South St., Lincoln NE 68506 in the Clay Meeting Room. Visitor parking is available on the Northeast side of the building. The agenda and meeting materials to be discussed by the committee can be found at https://www.unmc.edu/aboutus/community-engagement/bioc/. If members of the public and media have further questions about the meeting, contact Michael Hrncirik at (402) 559-5837 or mhrncirik@unmc.edu.

The Nebraska Open Meetings Act may be accessed at https://nebraskalegislature.gov/laws/statutes.php?statute=84-1407.

BRAIN INJURY OVERSIGHT COMMITTEE
MEETING AGENDA

December 4th, 2026
1:00 PM to 2:00 PM

I. Call to Order
II. Open Meetings Act Statement
III. Introduction and roll call
IV. Approval of the agenda
V. Public Comment
VI. Approval of Minutes from July 17, 2026
VII. Approval of the FY2027 budget
VIII. Committee membership and term updates
IX. Report from funding recipient (included in meeting materials)
X. Next meeting
- February 19th, 2027 (in-person) - tentative Madonna Rehabilitation Hospital of Lincoln
  - Form workgroup for reviewing applications
- April 2027 (in-person) - tentative Madonna Rehabilitation Hospital of Lincoln
  - Vote on fund recipient(s)
  - Committee appointments discussion
  - Vote for Vice Chair and Secretary
- July 2027: (virtual meeting)
  - UNMC Invoice and BIOC FY27 Budget
  - Set timelines and goals for FY27

XI. Adjourn

Brain Injury Oversight Committee (BIOC) Meeting Minutes

Date: July 17, 2026
Time: 1:00 PM – 3:00 PM
Location: Via Zoom or in person at Easterseals Nebraska, 12565 W. Center Rd., Suite 100, Omaha, NE 68144

Public Notice

Advance public notice of future BIOC meetings will be posted on the University of Nebraska Medical Center (UNMC) website at least 10 days prior to each scheduled meeting.

Attendance

Members Present

Shauna Dahlgren, Dr. Kody Moffatt, Peggy Reisher, Tiffany Armstrong, Dale Johannes, Sara Morgan, Jeff Baker, and Lindy Foley

Members Absent

Anna Cole, Tom Janousek, Lorie Regier, and Sheila Kennedy

UNMC Staff

Mike Hrncirik

Guests

No guests were present.

Meeting Proceedings

Call to Order

Chair Shauna Dahlgren called the meeting to order at 1:02 p.m.

Open Meetings Act Announcement

Notice of the meeting was posted on the UNMC website. A link to the Nebraska Open Meetings Act was included in the meeting agenda, and a printed copy of the Act was available in the meeting room.

Roll Call and Introductions

Given the committee members' familiarity with one another, formal introductions were waived.

Approval of Agenda

The agenda was reviewed and approved unanimously following a motion by Dr. Kody Moffatt and a second by Dale Johannes.

Public Comment

No public comments were submitted or presented.

Approval of Previous Meeting Minutes

The minutes from the April 17, 2026, meeting were reviewed. Dr. Kody Moffatt moved to approve the minutes, and Dale Johannes seconded the motion. The motion passed unanimously.

BIOC FY2026 Sources and Uses of Funds

Mike Hrncirik provided an overview of the administrative, accounting, and budgeting services UNMC provided to the Brain Injury Oversight Committee from July 1, 2025, through June 30, 2026. The total cost of these services was $16,000.

Dr. Kody Moffatt moved to approve payment of $16,000 to UNMC for these services. Shauna Dahlgren seconded the motion, and it passed unanimously.

Mike also presented a preliminary FY2027 BIOC budget. Due to a recent directive from the Governor's Office requiring the University of Nebraska system to reduce expenditures by five percent, the committee discussed the possibility that these reductions could affect the BIOC budget.

The committee agreed to postpone approval of the FY2027 budget until the September 18, 2026, meeting, when additional information regarding the university's budget reductions is expected to be available.

FY2027 Timeline and Goals

The committee reviewed the annual grant timeline and agreed to maintain a schedule similar to the current year.

The following dates were approved:

- **February 1, 2027** – Notice of Funding Opportunity (NOFO) posted
- **February 19, 2027** – In-person meeting in Lincoln (location to be determined)
- **March 15, 2027** – NOFO application deadline
- **April 16, 2027** – In-person meeting in Lincoln (location to be determined) to review applications and vote on funding awards
- **July 16, 2027** – Virtual committee meeting
- **September 17, 2027** – Virtual committee meeting

Committee Membership Update

Shauna Dahlgren reported that she has contacted the Governor's Office regarding two committee vacancies. Sheila Kennedy has moved out of state, and Anna Cole has submitted her resignation from the committee.

The committee expressed concern that prolonged vacancies could make it difficult to achieve a quorum for future meetings if replacement appointments are delayed.

Shauna also shared that she plans to work with the Governor's Office to resolve discrepancies between the committee member term lengths listed by the Governor's Office and those established in state statute.

Committee members also discussed the importance of recruiting individuals with lived experience of brain injury, as well as family members of individuals with brain injury, to apply for appointment to the Oversight Committee. Since Anna Cole's and Sheila Kennedy's positions were designated for representatives with lived experience and family representation, the committee agreed to encourage qualified applicants to help ensure those important perspectives continue to be represented.

Shauna will provide an update on both the committee vacancies and the term-length discussions at the September meeting.

Next Meeting

Date: September 18, 2026

Time: 1:00 p.m. – 3:00 p.m.

Location: Madonna Rehabilitation Hospitals, Lincoln

Tentative Agenda

- Approval of the FY2027 budget
- Committee membership and term updates
- Review of the annual report submitted by the FY2026 funding recipient

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Adjournment

There being no further business, the meeting was adjourned at 1:35 p.m.

Minutes respectfully submitted by:

Peggy Reisher, MSW
Secretary, Brain Injury Oversight Committee

UNIVERSITY OF NEBRASKA MEDICAL CENTER
NE Revised Statute 71-3703 - Brain Injury Oversight Committee
FY2026 (July 1 2025 - June 30th 2026)

As of July 6th 2026

SOURCES OF FUNDS			
Beginning Fund Balance, July 1st 2025	$	19,096	
Cash Funds - State of Nebraska / Nebraska DHHS	$	500,000	
TOTAL SOURCES OF FUNDS			**$ 519,096**
USES OF FUNDS			
Awards made to recipient(s)	$	475,000	
Administration, Accounting, Budgeting			
UNMC Contracted Services for Administration, Accounting, Coordination and Website Maintenance (not yet approved)	$	16,000	
Committee Operating Expenses			
Email Addresses (Invoice not yet received)	$	840	
Committee Travel Reimbursements	$	267	
TOTAL USES OF FUNDS			**$ 492,107**
ENDING FUND BALANCE, JUNE 30th 2026			**$ 26,990**

Note: No more than 10% of the fund shall be used for administration of the fund

UNIVERSITY OF NEBRASKA MEDICAL CENTER
NE Revised Statute 71-3703 - Brain Injury Oversight Committee
Proposed Budget for FY2027 (July 1 2026 - June 30th 2027)

SOURCES OF FUNDS			
Beginning Fund Balance, July 1st 2026	$	26,990	
Cash Funds - State of Nebraska / Nebraska DHHS	$	500,000	
TOTAL SOURCES OF FUNDS			**$ 526,990**
USES OF FUNDS			
Awards made to recipient(s)	$	500,000	
Administration, Accounting, Budgeting			
UNMC Contracted Services for Administration, Accounting, Coordination and Website Maintenance Budget	$	16,000	
Committee Operating Expenses			
Operating Budget	$	2,000	
TOTAL USES OF FUNDS			**$ 518,000**
ENDING FUND BALANCE, JUNE 30th 2027			**$ 8,990**

Note: No more than 10% of the fund shall be used for administration of the fund

BIA-NE ANNUAL PROGRAMMING REPORT

Key Highlights from the Brain Injury Association of Nebraska (BIA-NE) for July 2025 – June 2026

Brain Injury Association of Nebraska

Partners for Insightful Evaluation

ANNUAL REPORT

YEAR 5 EXECUTIVE SUMMARY

The Brain Injury Assistance Act provides funding to address seven priorities intended to improve services, awareness, research, quality of care, and understanding of the needs of Nebraskans with brain injury.[1] In its fifth year of Assistance Act funding, the Brain Injury Association of Nebraska (BIA-NE) continued to expand access to direct support while strengthening connections with service providers, increasing opportunities for education and screening, and using evaluation data to improve its work. While this report primarily highlights **efforts from July 1, 2025 through June 30, 2026**, there are areas where trend data is used to show continued growth in several areas since the Assistance Act funding began.

1 | Resource Facilitation

BIA-NE Resource Facilitators served **614 individuals through 711 cases**. They addressed two-thirds of 1,788 documented needs, shared 2,676 resources, and provided 850 referrals to 330 organizations. Among closed cases, **59% ended because the client successfully received services**, demonstrating the role of Resource Facilitation in helping individuals navigate complex systems and connect to needed support.



614

unique individuals were served through Resource Facilitation from 7/1/25 to 6/30/26

2 | Training for Service Providers

BIA-NE led **53 Brain Injury 101 trainings reaching nearly 2,000 attendees** — the largest number of attendees in the past four years despite offering fewer trainings. About half of evaluation respondents had not previously participated in brain injury training, suggesting that BIA-NE is reaching new audiences. Approximately 80% reported increased brain injury knowledge following the training.

3 | TBI Registry Letter

The TBI Registry letter remains a relatively uncommon pathway to BIA-NE, accounting for approximately 5% of inbound referrals each year over the five years of Assistance Act funding. However, when individuals do contact BIA-NE after receiving the letter, people receive meaningful follow-up: 35% were referred to or given information about Resource Facilitation, and 27% received general information about brain injury in Year 5. BIA-NE is one of two organizations tracking calls received because of the TBI Registry letter.

4 | Public Awareness

BIA-NE conducted nearly 440 outreach activities during the year, with community/coalition meetings, referral-source building, and trainings being the most common. Staff met with 81 organizations, with a majority of those meetings being the first time the BIA-NE staff met with the agency. Outreach strategies have increasingly emphasized relationship-building and referral-source development as BIA-NE's capacity to serve clients has grown.

Staff met with

81



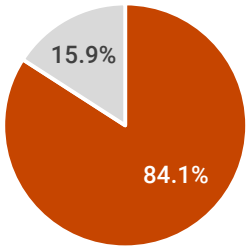
unique organizations to build bi-directional referrals

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

5 | Supporting Research

Through the Online Brain Injury Screening and Support System (OBISSS), 293 individuals began a screening and 170 completed it. Among those who completed the screening, **84% had a possible or probable brain injury**. BIA-NE also collaborated with UNL and other partners to use de-identified screening data to further understand brain injury symptoms and prevalence in Nebraska, particularly in high risk and justice involved populations.

Among those who completed the OBISSS, a majority had a possible brain injury (n=170)

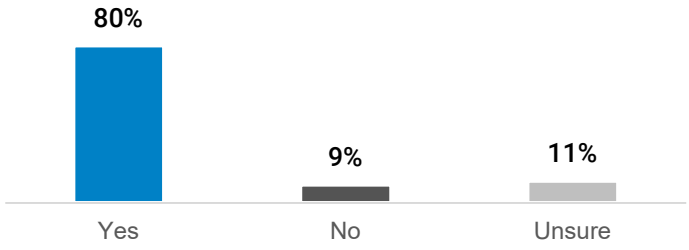


6 | Quality Improvement & Standards of Care

BIA-NE continued work internally and with partners to enhance services for those who may have experienced a brain injury.

- Within BIA-NE, staff continued using an optional ACEs screening tool to identify additional needs among clients, with **49% of those screened reporting eight or more ACEs**. Through a one-year funding opportunity from Nebraska VR (Vocational Rehabilitation), they also made **enhancements to their Peer Mentorship Program**. There were 7 people grandfathered into the program, 7 who completed orientation, and 12 scheduling their orientation. This program will be integrated into the Assistance Act funding for the next fiscal year.
- BIA-NE worked with partners in juvenile justice and other settings to increase identification of brain injury and improve engagement with those who may have experienced one. In the juvenile justice project, **84% of youth who completed screening were identified as having a possible brain injury (**n=318). Approximately 80% of staff and partners reported increased knowledge about brain injury, and most felt the project should continue within their agency.

Most staff felt youth should continue to be screened for brain injury at their juvenile justice center (n=98)



7 | Evaluating Needs

About 20% of the clients who completed Resource Facilitation services in the last year filled out a satisfaction survey. Among respondents, **88% agreed that BIA-NE staff understood their concerns and/or needs** and 92% felt the level of communication from the BIA-NE was just right. Resource Facilitators also helped assess and address needs through services provided to their clients.

Throughout the report, graphs are labeled by the year of the funding. They correspond to the following dates:

Year 1	7/1/21 – 6/30/22
Year 2	7/1/22 – 6/30/23
Year 3	7/1/23 – 6/30/24
Year 4	7/1/24 – 6/30/25
Year 5	7/1/25 – 6/30/26

PRIORITY 1

RESOURCE FACILITATION

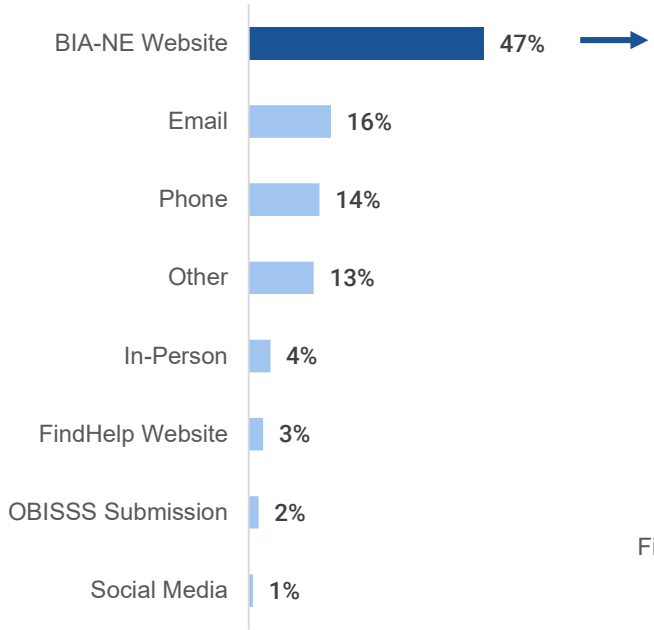
Resource Facilitation is a free service through the Brain Injury Association of Nebraska (BIA-NE). Resource Facilitators provide support, resources, and referrals to 1) individuals with brain injury; 2) family members and caregivers; and/or 3) health care or other social service professionals related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

From July 1, 2025 through June 30, 2026, Resource Facilitators delivered sustained, statewide support, serving 614 individuals across 711 cases and reaching clients in 57 Nebraska counties. Facilitators addressed two-thirds of 1,788 documented needs, shared 2,676 resources, and provided 850 referrals to 330 organizations. This support produced meaningful preliminary outcomes: 59% of closed cases concluded after clients successfully received services, with follow-up planned for 39% to maintain connection.

Hearing about BIA-NE[2]

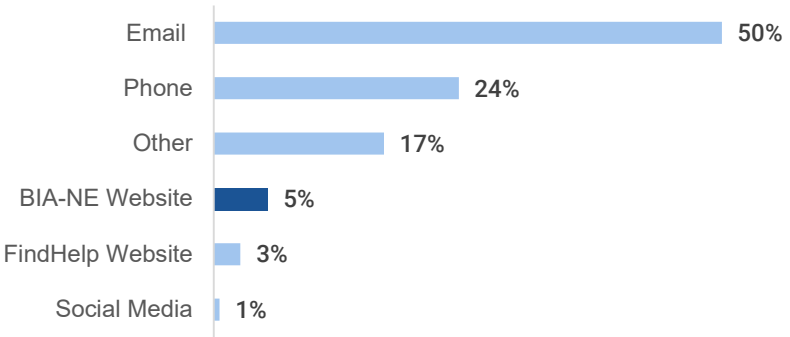
Before someone can receive Resource Facilitation services through the BIA-NE, they must fill out a short intake – either through an online form or by talking with a staff member. That allows key information to be collected, in part to understand what type of service is best suited for the individual and which Resource Facilitator should be assigned.

During Year 5, the BIA-NE website was the most common way people got connected to the organization (n=349)



In April 2025, BIA-NE transitioned to using a form on their website as a key entry point for people to request services, similar to the approach Colorado uses. This includes a way for professionals and family members or caregivers to connect the BIA-NE to an individual with a brain injury. The intent is to streamline the connection to services for the client as well as the BIA-NE team.

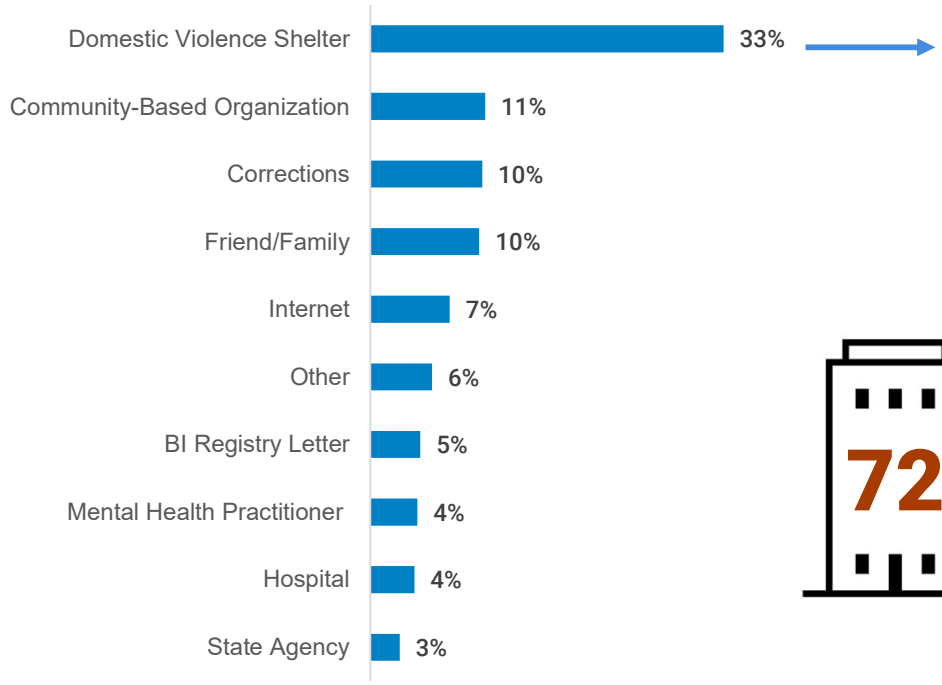
In Year 4, people were most likely to get in contact with the BIA-NE via email (n=338)



[2] 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 June 30, 2026. It would not reflect clients served during this fiscal year that were referred to BIA prior to July 1, 2025.

PRIORITY 1 | RESOURCE FACILITATION

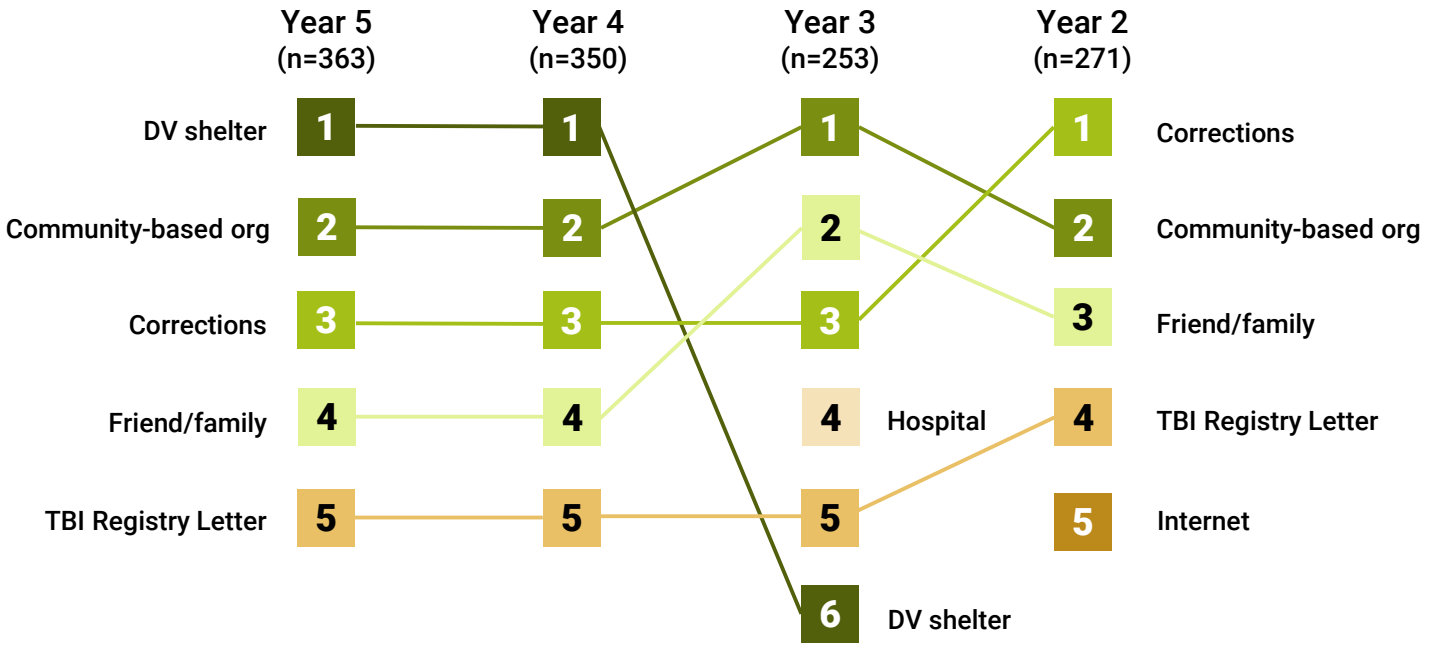
Domestic violence shelter remained the most common source for people to hear about BIA-NE (n=363)[3]



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. This project has DV programs screening clients and referring them to BIA-NE if the client is interested in receiving services.

unique organizations were listed as referring people to BIA-NE

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



[3] The following sources accounted for 1% or less of the inbound referrals: Agency on Aging, presentation/event, skilled or long-term care nursing home, legal, support group, Aging & Disability Resource Center, BIA-NE internal staff referral, ER, juvenile justice, media – social media, primary care provider, and school.

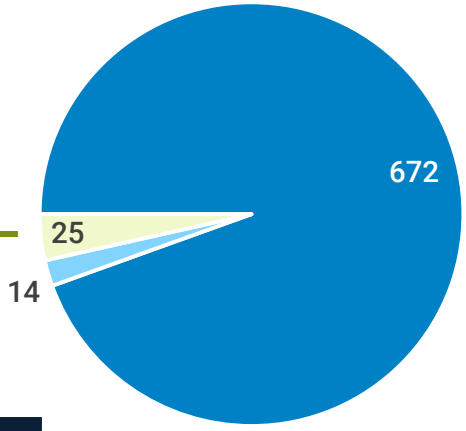
Resource Facilitation Cases

A case is a formal period of service with a Resource Facilitator. The start date is generally when the Resource Facilitator assigned to the individual initiates the service. For first-time clients, this may include a more formal intake to identify what areas of support are needed. The end date is determined by the Resource Facilitator and/or the client. A person may have multiple cases with the BIA-NE, as people are encouraged to reach out whenever they need support finding or navigating resources.

79 individuals had more than one case during the year

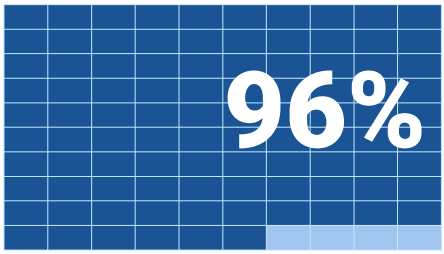
Between July 1, 2025 and June 30, 2026, there were 711 cases – a majority of which were with clients who were served by Resource Facilitators for more than one hour[4]

Professional Consult Case
This reflects support that BIA-NE provides to professionals to assist their clients or patients.



614
unique individuals were served through Resource Facilitation[5]

The levels of resource facilitation were redefined in fall 2025 to align with North Dakota. Rather than having each Resource Facilitator determine the type of case for each client (Information & Referral or Case Management), 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."



of the cases from the year were closed by 6/30/26 while the remaining 4% were still actively receiving services

The length of time for a case varies based on the level of need and interaction (n=679)

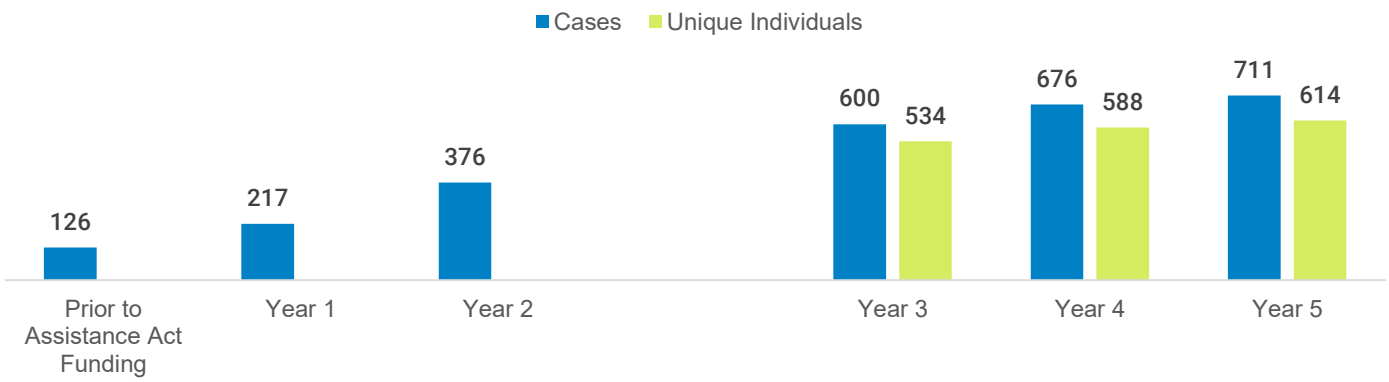
105 Average number of days a case was open (~15 weeks)

43 Mode (number of days that appears most often among case length)

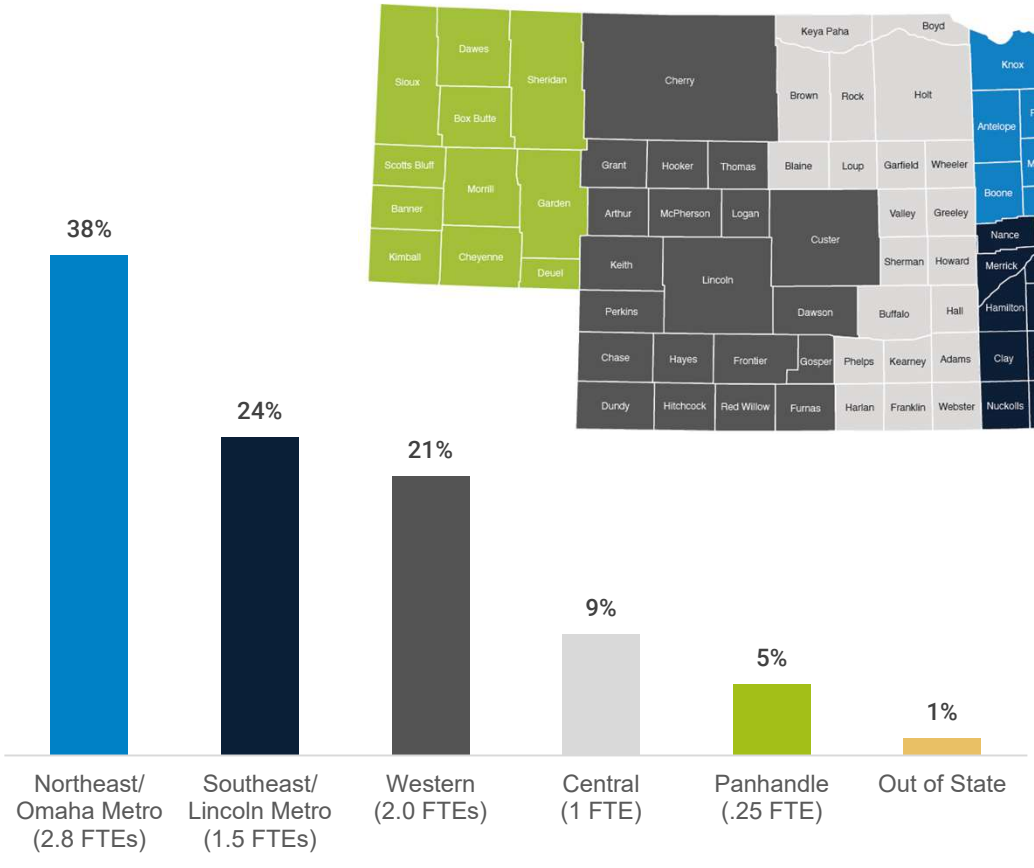
[4] This includes any client who was actively served between July 1, 2025 and June 30, 2026. It includes those who started services during the year as well as those who started receiving services prior to July 1, 2025 and continued receiving support during the fiscal year.
[5] This is the total of unique individuals served, including 25 professionals. Some graphs in the report will have less than 614, indicating that information is either not required or missing. Other graphs may have more than 614. That indicates the graph contains data where an individual may have more than one item documented, such as areas of need, cause of brain injury, etc.

PRIORITY 1 | RESOURCE FACILITATION

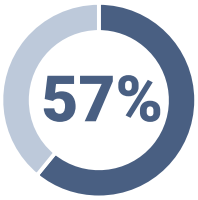
BIA-NE transitioned to Salesforce in January 2023, allowing for more accurate data regarding the number of people receiving Resource Facilitation services each year



The geographic locations of clients served during the year varied, in part based on the service area of Resource Facilitators and population (n=344)[6,7]



Clients were from 57 counties in Nebraska, representing



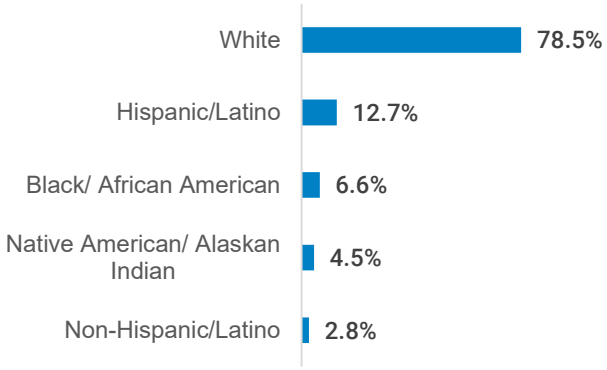
of Nebraska's 93 counties

[6] The Panhandle has a staff member working 10 hours a week. In the Western region, there are three staff members – one working 40 hours, one working 30 hours, and one working 10 hours per week. In the Omaha Metro region, there are two working 40 hours a week and one at 30.

[7] Of the out of state clients, two were from Kansas and two from Iowa while one came from Arizona and Illinois.

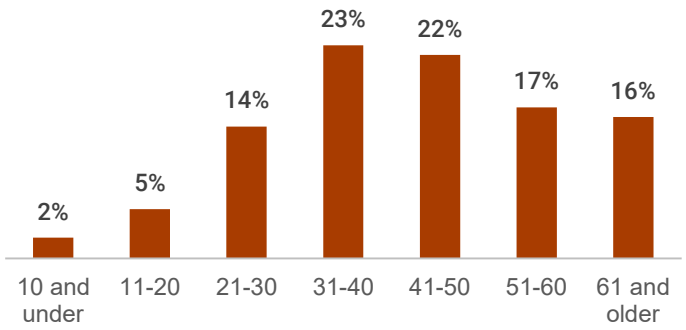
Demographics of Clients

A majority of the clients reported being white (n=577)

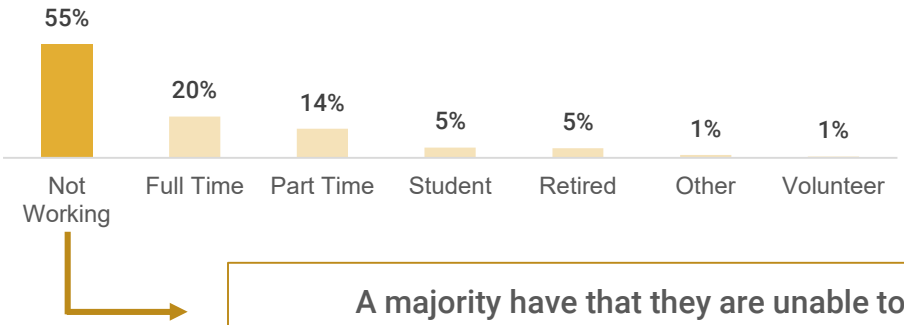


The following reflected less than 2% of the clients: biracial/multiracial (1.7%); other (1.7%); unknown (1.4%); and Asian (0.9%)

Individuals with brain injury were between the ages of 0 and 84, with the average being 43 (n=573)



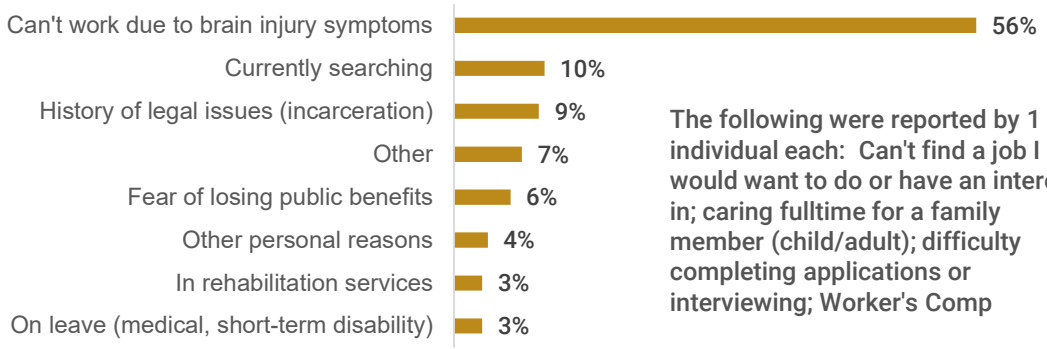
Half the clients that started a Resource Facilitation case during the fiscal year with employment data were listed as not working (n=302)[8]



48.4% male

50.6% female

A majority have that they are unable to work due to brain injury symptoms reported as the reason for not working (n=161)[9]



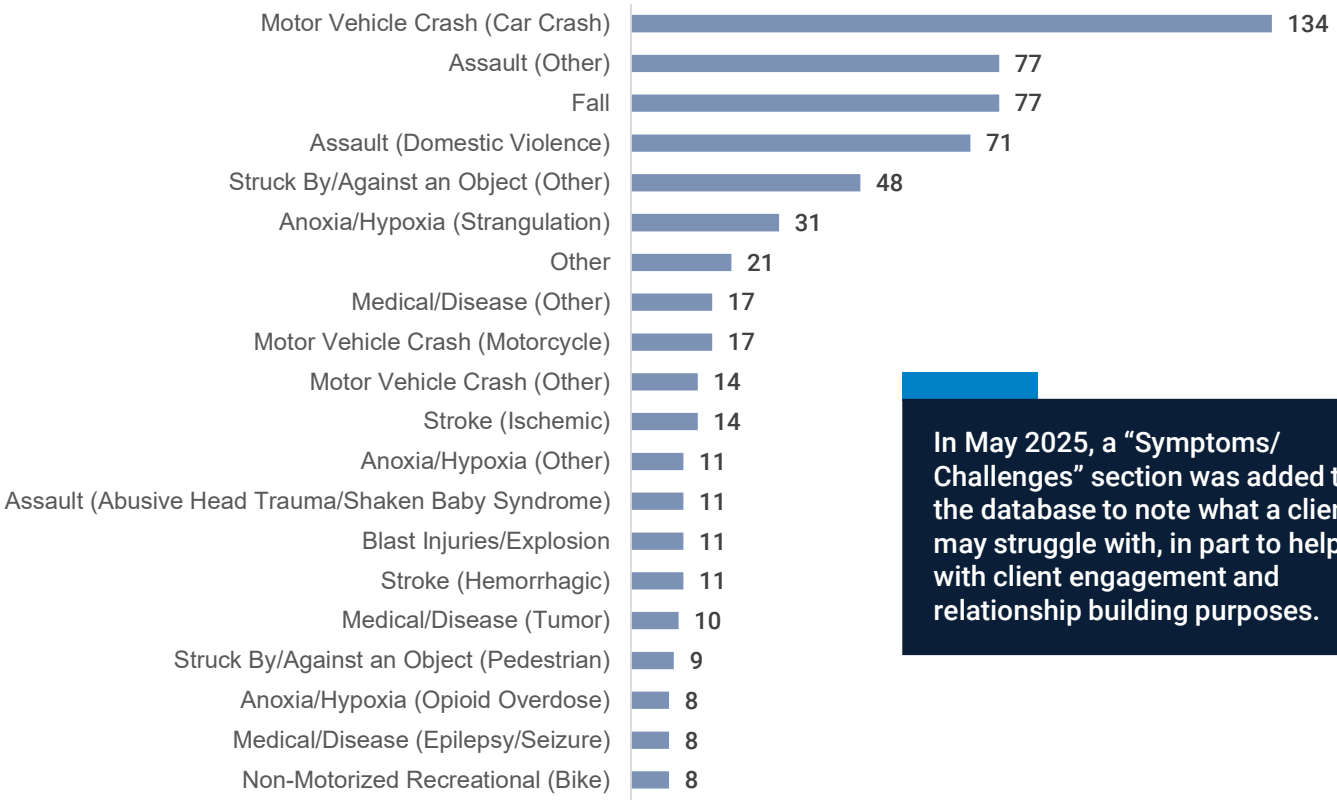
The following were reported by 1 individual each: Can't find a job I would want to do or have an interest in; caring fulltime for a family member (child/adult); difficulty completing applications or interviewing; Worker's Comp

[8] Due to how data elements are tracked (by person rather than their case), there are two caveats with employment data: 1) It only reflects clients who started services between July 1, 2025 and June 30, 2026; and 2) the employment record may not reflect their employment at the end of the case or currently. Staff are encouraged but not required to update the employment status each time they engage with the client.

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

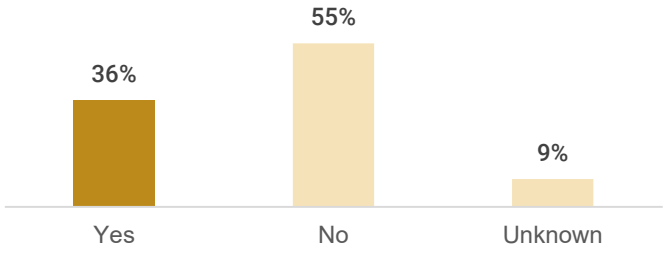
Causes of Brain Injury

A variety of causes account for the 662 brain injuries documented among 360 clients served during the fiscal year[8,9]

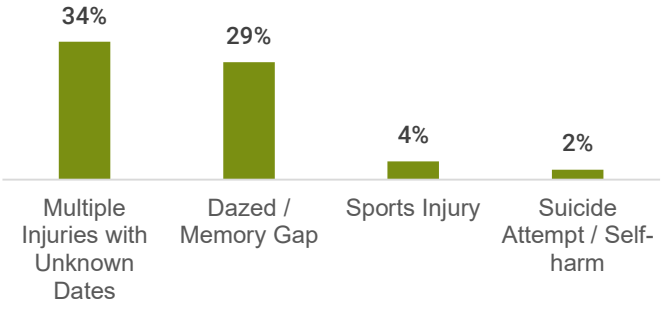


In May 2025, a "Symptoms/ Challenges" section was added to the database to note what a client may struggle with, in part to help with client engagement and relationship building purposes.

A new data field shows, among 251 injuries, about one-third were ones where the client was seen by a medical professional



One third of the causes reflected multiple injuries with unknown dates (n=662)

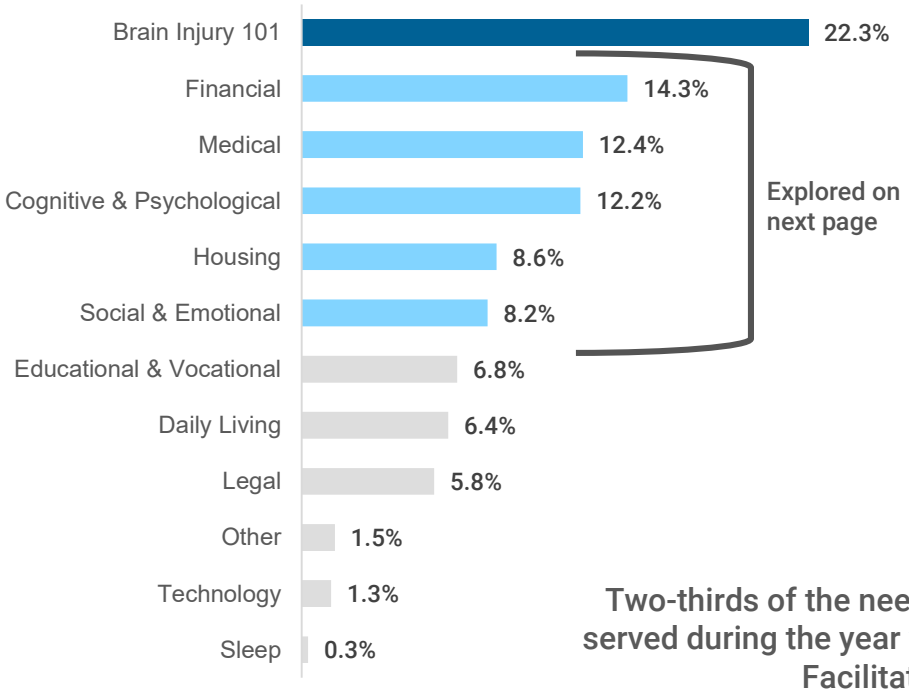


[8] There are 48 causes of injury included in a standardized list used among states that utilize Salesforce for consistent data collection.. Staff vary in how much data they collect regarding brain injury. Some complete an OBISSS to capture all injuries while others record only what the clients share.

[9] The following causes were also recorded: toxic effects (street drugs) [n=7]; mechanism unknown [n=6]; gun shot and toxic effects (street drugs) [n=5]; anoxia/hypoxia (near drowning), medical/disease (COVID-19), and toxic effects (chemical exposure) [n=4]; medical interventions (other) [n=3]; and medical/disease (MS), motorized recreational (ATV), non-motorized recreational(horseback), and stroke (CVA) [n=2]. The following had one record: medical interventions (ECT treatment), medical/disease (abscess), medical/disease (hydrocephalus), medical/disease (meningitis), motor vehicle crash (moped), motorized recreational (other), stroke (TIA), and toxic effects (alcohol).

Areas of Need[10]

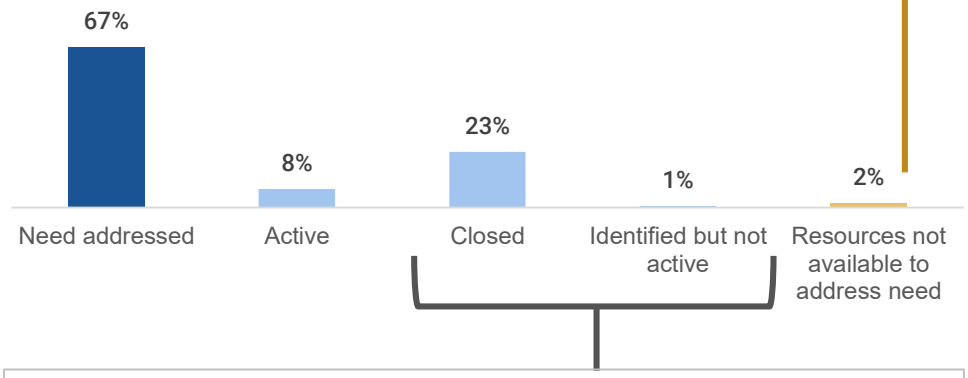
Among all the needs documented, **the most common was understanding brain injury** (n=1,788)



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. Instead, the BIA-NE works with the client to prioritize what core needs may need to be addressed more immediately, and that is what the staff will provide referrals, resources, and support around.

Among the 35 needs, 11 (31%) were daily living (primarily transportation and supervision) and 9 (26%) were financial

Two-thirds of the needs identified among clients served during the year **were addressed** by Resource Facilitators (n=1788)



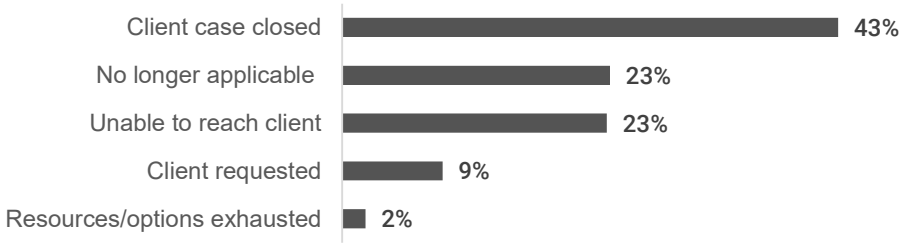
530

clients had at least one area of need documented

34%

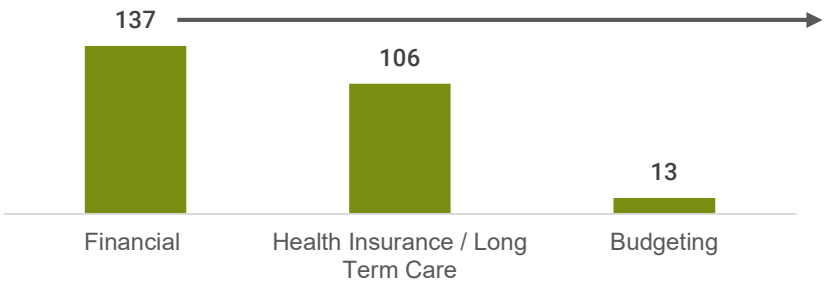
of those clients (n=182) had 4 or more areas of need documented

Among needs that weren't addressed, about half were because the case closed (n=342)



[10] For areas of need, Resource Facilitators write in a description of the need and categorize it from a list of 59 types of need. Each category is defined in a reference document for staff and fall under 12 different categories of need.

Among financial needs, about half were related to getting financial support (n=256)



Key Areas of Need

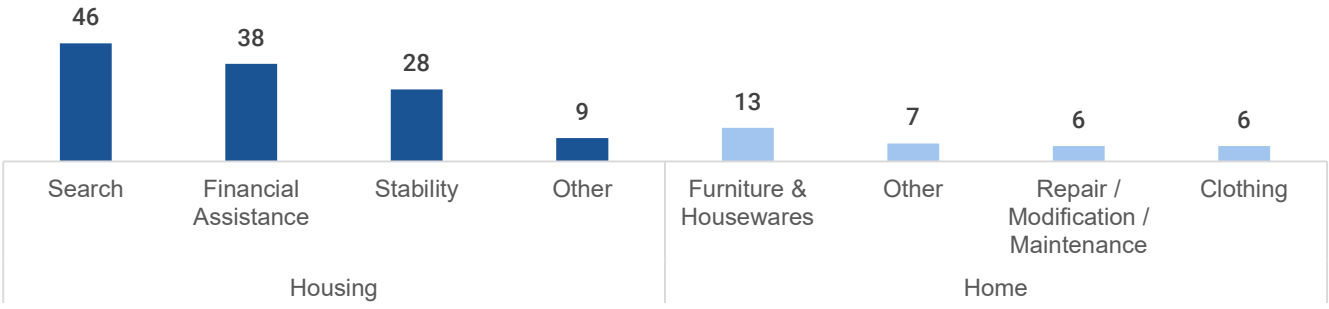
Examples include assistance applying for SSI and SSDI, immediate help such as gas vouchers, or connecting to budgeting or benefits resources

General mental health focuses on connecting clients to licensed mental health providers; Mental wellness / self-help addresses personal wellness, such as programs, activities or resources that promote emotional well-being

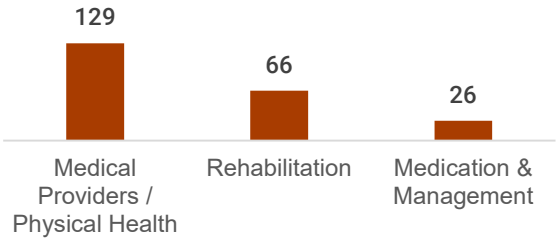
The most common cognitive and psychological needs pertain to executive functioning (n=219)



Most needs under the housing category were about finding housing or getting financial assistance for housing (n=153)

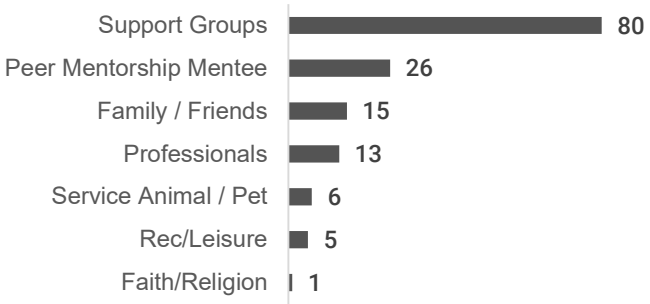


Most of the medical needs were related to specific providers (n=221)



About 66% of medical provider needs were for vision (n=29), neurologist (n=26), and primary care (n=23).

Support groups accounted for more than half of the social and emotional needs (n=146)



Support Provided[11]

Resources

Resources are informative or self-directed activities that clients can choose to use, such as websites, trainings, or handouts. In addition to documenting resources provided, BIA-NE staff use Salesforce to maintain a comprehensive library of resources. By the end of Year 5, there were 501 active resources, with more than 140 being added during the year. Staff receive an email each week summarizing new resources that have been added.

During the year, new functionalities were added to enhance sharing resources, including:

- A new search functionality that allows Resource Facilitators to search for resources based on areas of need categories.
- Automatically generated email text of all the resource(s) staff would like to share with the client, allowing staff to copy/paste active links to all the resources and share with the client.

2,676

resource shares were documented during the year

The most common resources were:

- **BIA-NE Staff Verbal Support (268 shares)[12]**
- **OBISSS Flyer (158 shares)**
- **A Guide to Working with Individuals with Brain Injury (148 shares)**
- **Resource Facilitation Brochure (111 shares)**
- **Feeling Different After a BI / BI Symptoms Rack Card (78 shares)**
- **What is a Brain Injury Rack Card (74 shares)**

Referrals

Referrals connect a client to a specific person or organization in which they can receive services or additional support. All referrals in Salesforce are connected to an organization and/or key contact. One enhancement to the database was similar to resources, where a Resource Facilitator can search for a key term and it will identify agencies that have been recorded as providing a related service.

Clients were referred to

330

unique organizations

850

referrals were provided during the year

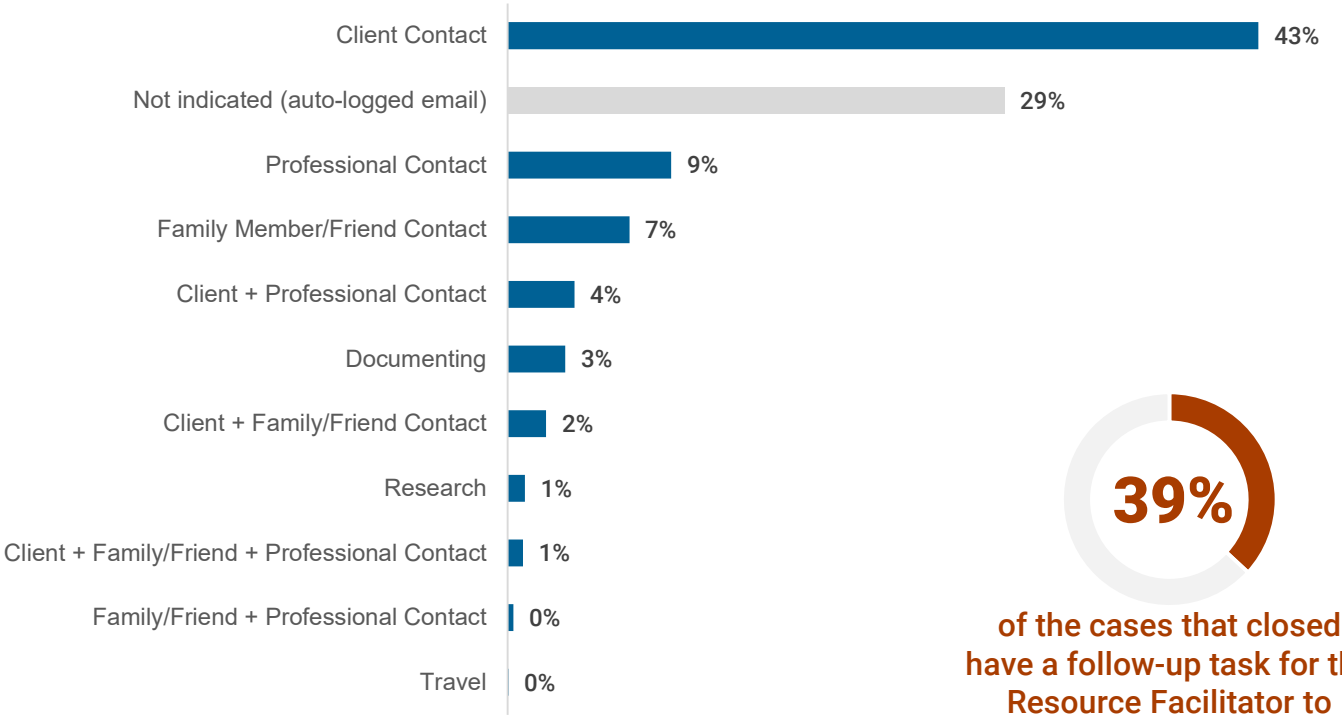
The most common organizations included:

- **Madonna Rehabilitation Hospital – Lincoln (35 referrals)**
- **Legal Aid of Nebraska (22 referrals)**
- **Community Alliance (20 referrals)**
- **Nebraska VR (18 referrals)**
- **Barkley Speech Language & Hearing Clinic and Easterseals Nebraska (17 referrals)**
- **Heartland Family Service (13 referrals)**

[11] Data on this page includes referrals and resources that were provided between July 1, 2025 and June 30, 2026 for greater accuracy of services provided during the fiscal year. Clients served may have received referrals and resources before and/or after that time frame.

[12] 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.

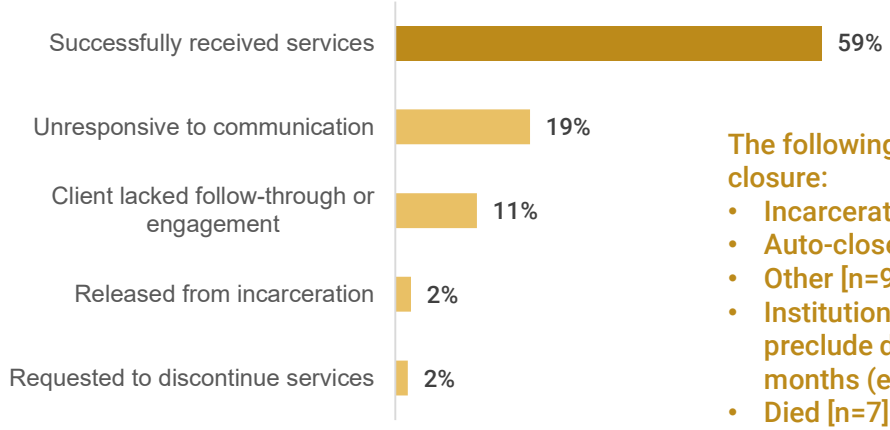
Nearly half of the tasks documented during the year were engagement with the client (n=7,979)[13]



of the cases that closed have a follow-up task for the Resource Facilitator to reconnect with the client within 1, 3, 6 or 12 months (n=678)

Ending Services / Closing Cases

More than half the cases that closed were closed out because the client successfully received services (n=681)



The following reflected 1% of the reasons for case closure:

- Incarcerated [n=10]
- Auto-closed (no contact) [n=9]
- Other [n=9]
- Institutionalized under circumstances that preclude delivery of services for at least 6 months (excluding incarceration) [n=8]
- Died [n=7]
- Moved out of state [n=5]

[13] Resource Facilitators are not required to document tasks in Salesforce. This data is 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 or after June 30, 2026. The "not-indicated" tasks are emails that are automatically filed in the database through gmail.

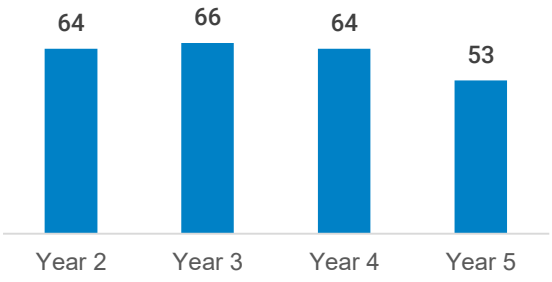
PRIORITY 2

TRAINING FOR PROFESSIONALS

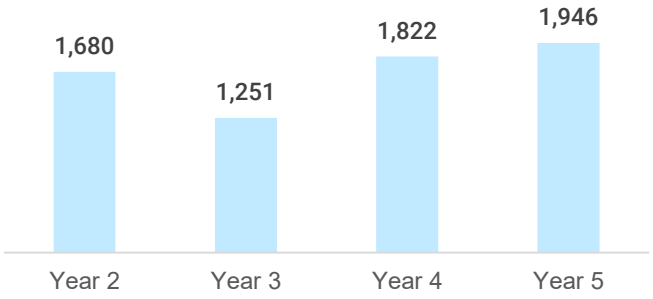
BIA-NE continued to expand the reach of brain injury education among professionals, reaching nearly 2,000 attendees through 53 trainings and presentations. About half of participants reported they had not previously participated in brain injury training, suggesting these efforts are reaching new audiences. Training evaluations also indicate meaningful impact, with about 80% reporting increased knowledge about brain injury and nearly all agreeing that the training improved their understanding of brain injury, support needs, and available screening tools.

Although BIA-NE had slightly fewer trainings/presentations, they reached more attendees through those opportunities

BI 101 Trainings Offered Each Year



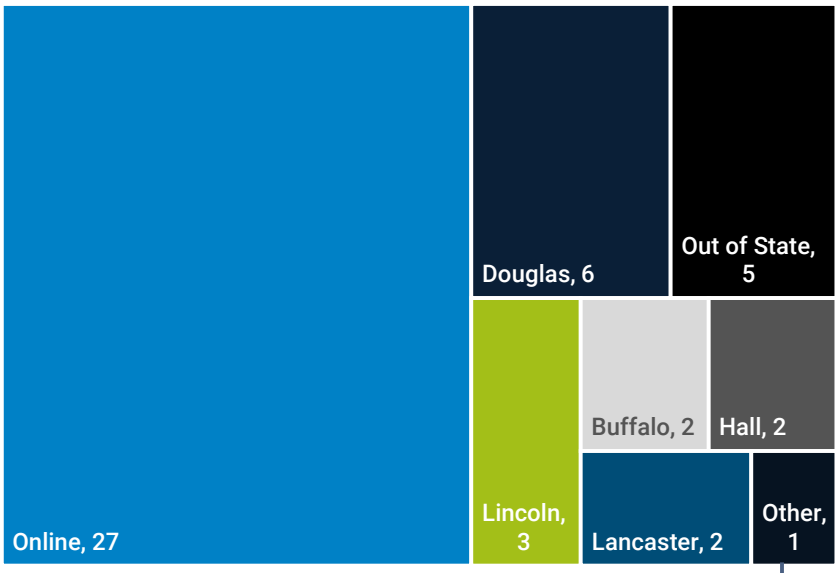
Number of Attendees at BI 101 Trainings



151

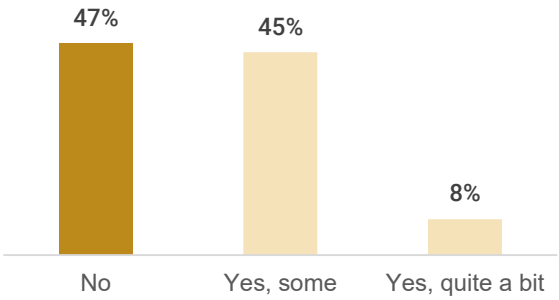
evaluations were completed[15]

While most trainings were online, there were also in-person trainings done in 11 Nebraska counties



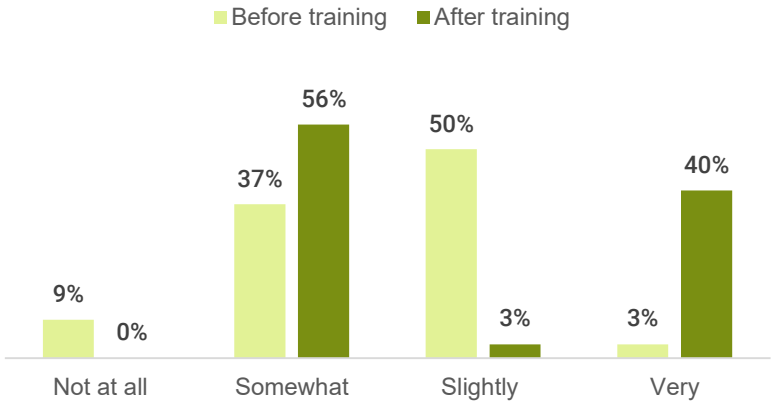
The following counties had one training each: Brown, Jefferson, Johnson, Sarpy, Scottsbluff and York

About half reported they had not previously participated in brain injury training (n=151)

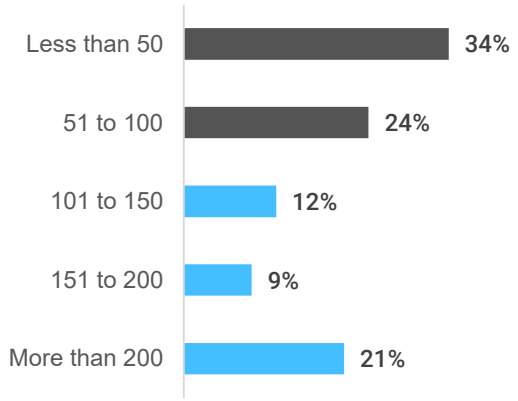


[15] Although efforts are made to promote the evaluation after trainings, including having paper copies available for in-person trainings, using QR codes, and offering time to complete the survey during the training, there is still a relatively small number of people who complete the evaluation following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

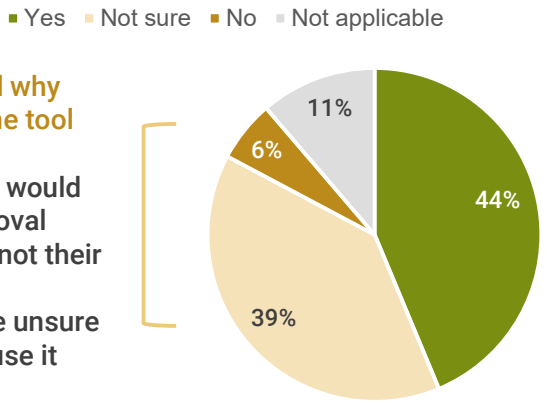
About 80% reported an increase in knowledge about brain injury because of the training (n=151)



Among the attendees that work directly with clients or patients, about 40% serve more than 100 individuals each year (n=151)



Slightly less than half indicated they would have a chance to use the brain injury screening tool with people they serve (n=151)

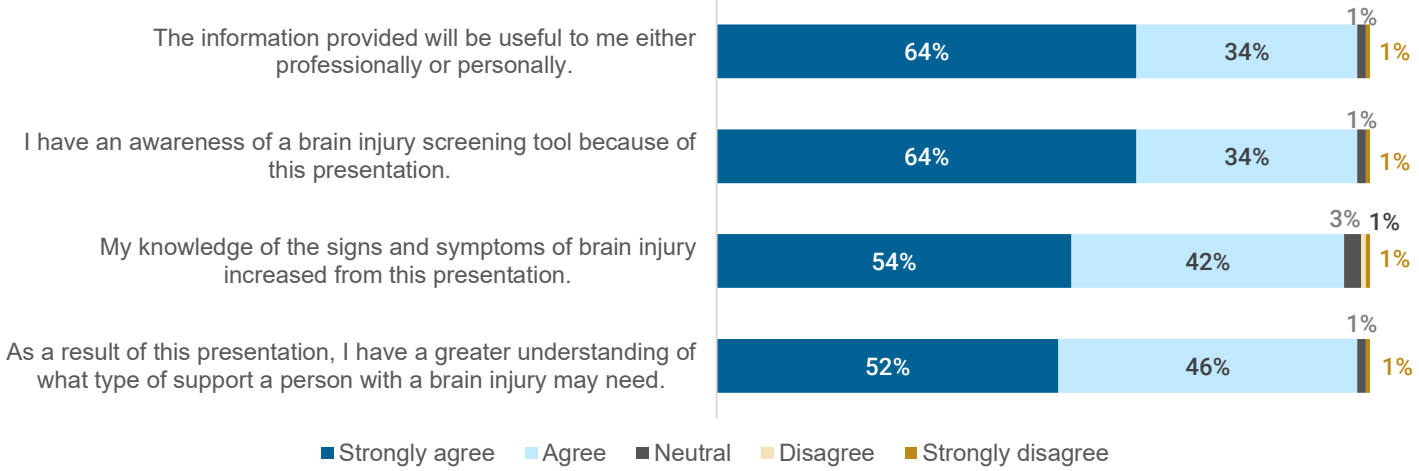


Among 65 who noted why they would not use the tool or weren't sure :

- 37% reported they would need agency approval
- 32% reported it is not their role in the agency
- 11% reported were unsure when they would use it

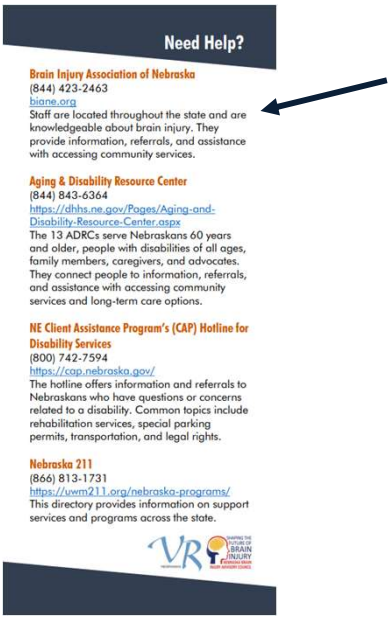
"The most valuable part of the presentation was the screening tools shared and the different accidents that can cause a TBI."

Nearly all agreed... (n=151)



PRIORITY 3
TBI REGISTRY LETTER

While the TBI Registry letter is not yet a common way people connect with BIA-NE, it provides an opportunity to reach individuals who may not otherwise know about available supports. Among those who contact BIA-NE after receiving the letter, many receive information about brain injury and services, and more than one-third are referred to or provided information about Resource Facilitation.



Need Help?

Brain Injury Association of Nebraska
(844) 423-2463
biane.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.

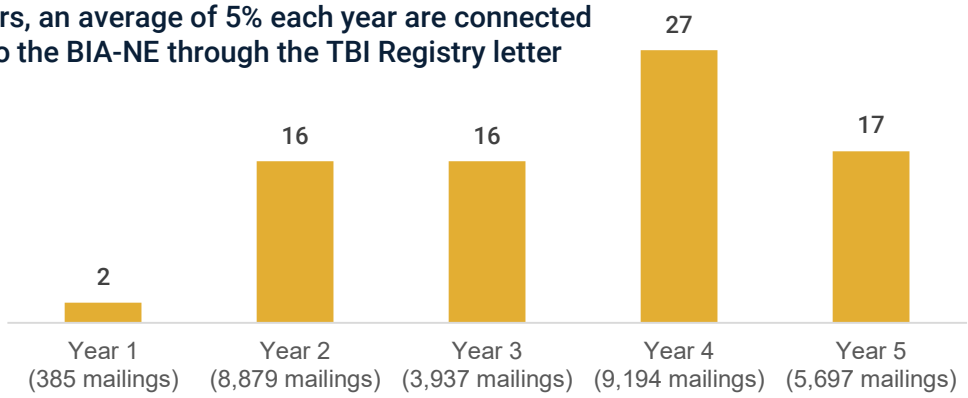
NE Client Assistance Program's (CAP) Hotline for Disability Services
(800) 742-7594
https://cap.nebraska.gov/
The hotline offers information and referrals to Nebraskans who have questions or concerns related to a disability. Common topics include rehabilitation services, special parking permits, transportation,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

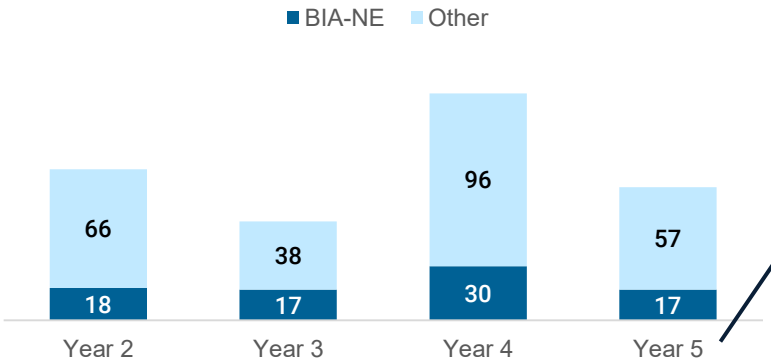
VR

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 vary[17]

Among all inbound referrals during the five years, an average of 5% each year are connected to the BIA-NE through the TBI Registry letter



About one of every four calls received by organizations after a TBI Registry mailing is are to BIA-NE; the remaining are to Nebraska VR (n=341)



Among callers in Year 5…

- ✓ **35% were referred to or given information about Resource Facilitation**
- ✓ **27% were provided with general information about brain injury - half of which were calls to the BIA-NE**

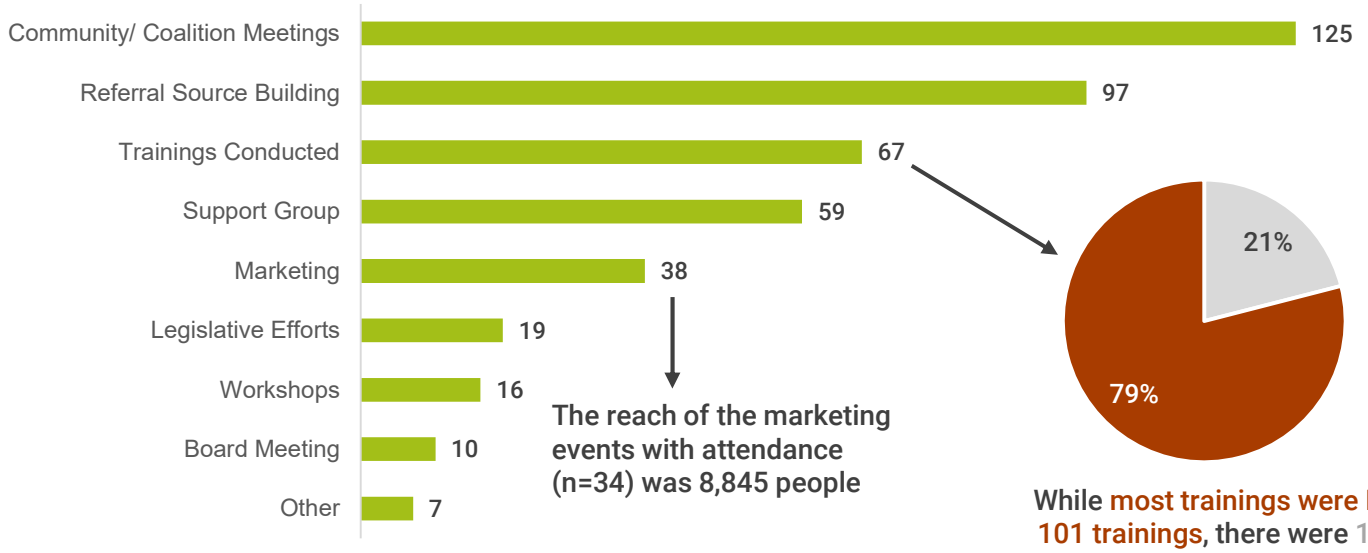
[17] Prior to January 2023 (Year 2), only one of 30 response options could be selected to record how a client heard about BIA-NE. That was modified with the transition to Salesforce so staff can select all that apply. As a result, it is possible that more people prior to January 2023 heard about the BIA-NE through the Registry letter.
[18] BIA-NE staff record information about calls they receive due to the TBI Registry Letter through a survey for Nebraska VR. Staff have a prompt within Salesforce to complete the form.

PRIORITY 4

PUBLIC AWARENESS

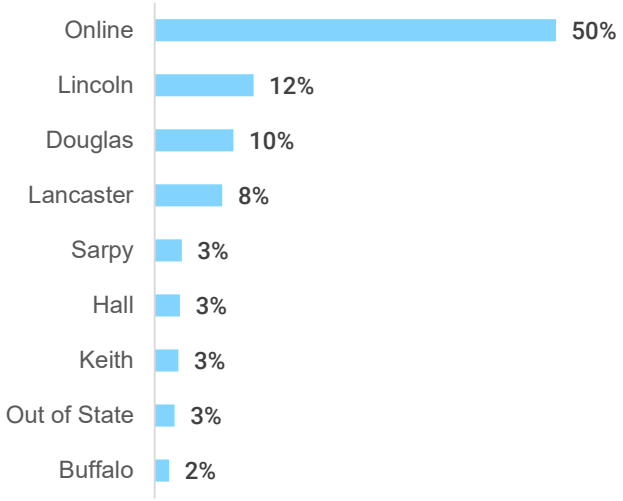
BIA-NE's outreach continues to emphasize relationship-building and connections with potential referral sources as a way to build public awareness. Community/coalition meetings, referral source building, and trainings have remained among the most common types of outreach during the five years of the Assistance Act funding. The number of referral-source-building activities has increased substantially since Year 1, in part due to increase capacity for Resource Facilitation throughout the state. There is also a consistent social media presence to help build public awareness for brain injury.

Nearly 440 community outreach events took place during Year 5 (n=438)



While most trainings were BI 101 trainings, there were 14 that focused on other aspects or programs related to brain injury

Events took place in 20 Nebraska counties, though half the events were online, which allowing for wider reach (n=438)

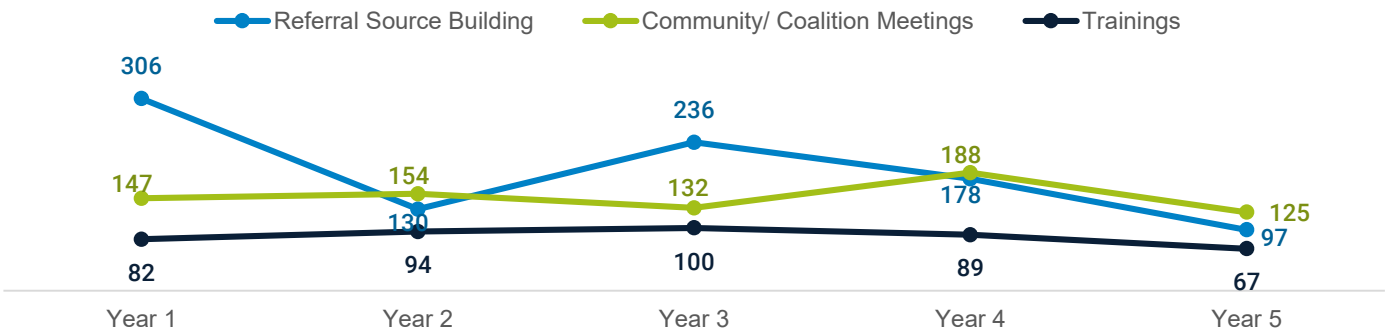


Among the 11 respondents to the workshop evaluation, 100% agreed that…

- They learned something about brain injury
- They learned tools to manage day-to-day life
- The information provided was useful
- They would recommend it to others

Evaluations are conducted for trainings and workshops. Results from trainings are on page 15.

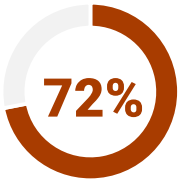
Community/coalition meetings, referral source building and trainings have been the most common types of outreach conducted by BIA-NE



Referral Source Building

Referral source building provides an opportunity to:
1) Educate agencies about brain injury
2) Ensure agencies in their area can refer to BIA-NE
3) Identify agencies that Resource Facilitators could refer their clients to for additional support

The amount of referral source building varies based on how long staff have been with the BIA-NE and their caseload.

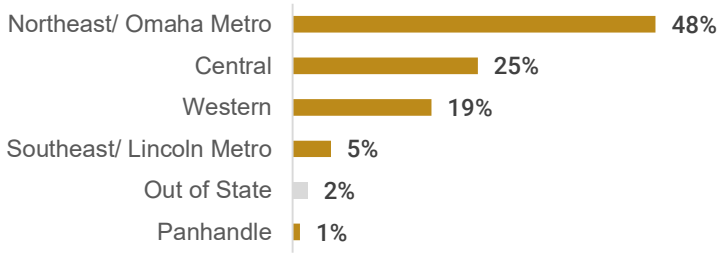


of the referral source building outreach were initial meetings for staff (n=97)

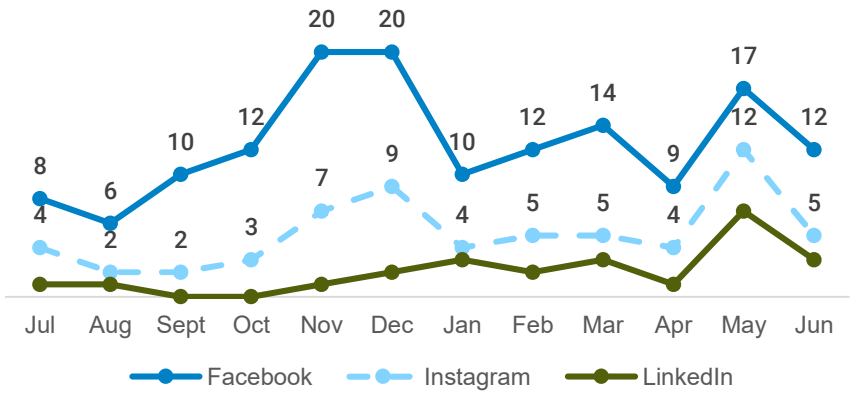


Staff met with 81 unique organizations

Nearly half the referral source building meetings were with organizations located in the Northeast/ Omaha Metro (n=97)



Social media posts were highest at the end of the calendar year, with Facebook being the most common



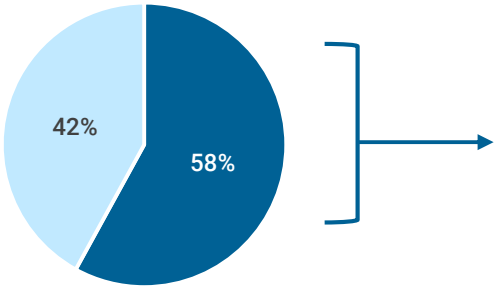
Platform	Jul-Dec	Jan-Jun
Facebook views	43.7K	49.7K
Instagram views	4.7K	8.7K
LinkedIn	1,084	3,618

PRIORITY 5

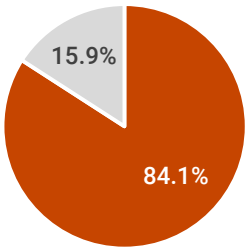
SUPPORTING RESEARCH

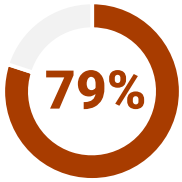
BIA-NE supports research, not only by promoting opportunities to participate in research through outreach but also through collaboration with Dr. Kathy Chiou at the University of Nebraska – Lincoln. In FY26, BIA-NE collaborated with UNL and other partners to utilize the Online Brain Injury Screening and Support System (OBISSS) screening, including work with justice-involved settings.[19] Among those who completed an OBISSS screening, 84% had a possible or probable brain injury, highlighting the value of screening in populations who may have unrecognized brain injuries.

More than half who started the OBISSS completed it (n=293)



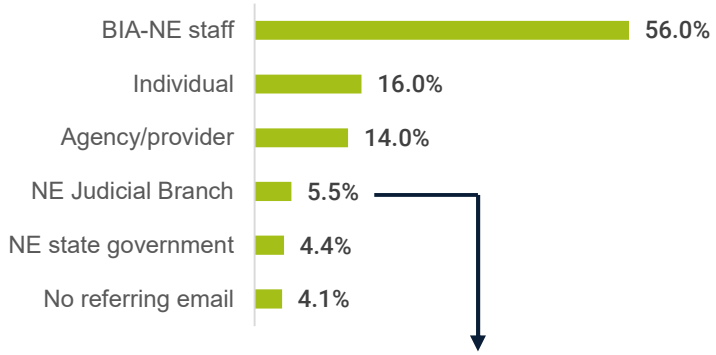
Among those who completed the OBISSS, a majority **had a possible brain injury** (n=170)





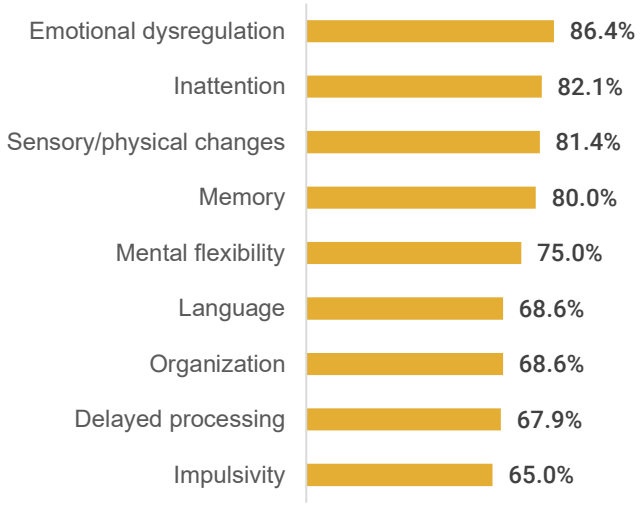
of those who screened with a possible brain injury were hospitalized or treated in an emergency room (n=143)

BIA-NE staff were associated with more than half of the OBISSS entries for the provider/referral email (n=293)



Brain injury screening is done as part of a juvenile justice center project (under a separate OBISSS code) and a Healthy & Safe Families pilot project with Lancaster Courts. More details on the juvenile justice work is on page 20.

There were five areas where three out of four people were flagged as experiencing challenges (n=140)[20]



[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.

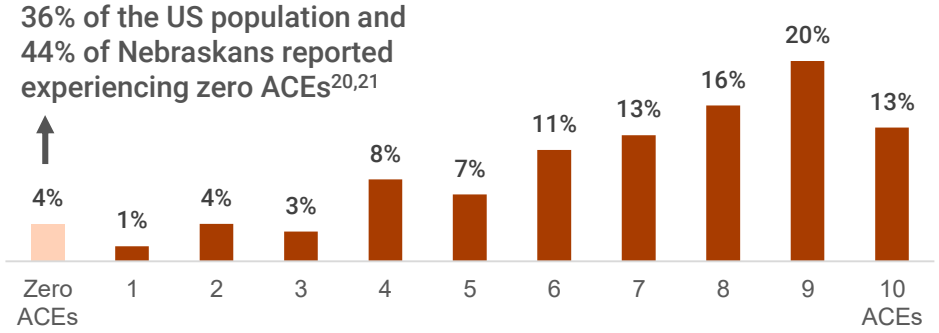
PRIORITY 6

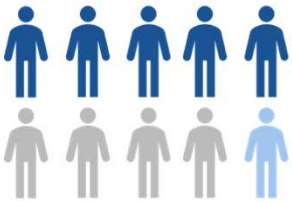
QUALITY IMPROVEMENT / STANDARDS OF CARE

Quality improvement and standards of care are generally done 1) within BIA-NE and 2) in collaboration with other organizations to better support their clients who may have experienced brain injury. Given the level of engagement needed from partnering organizations, the latter is generally supported by other funding opportunities. In addition to continuing to utilize an optional ACEs screening tool to better support clients, the BIA-NE enhanced their Peer Mentorship Program and increased the number of peers and mentors engaged. An additional funding opportunity allowed BIA-NE to screen more than 300 youth in juvenile justice centers, with 84% screening as having a possible brain injury.

About half (49%) of the BIA-NE clients who were screened using the optional ACEs assessment reported 8 or more (n=134)

36% of the US population and 44% of Nebraskans reported experiencing zero ACEs[20,21]





50%

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

Peer Mentoring Program



Through funding from Nebraska VR (Vocational Rehabilitation), the BIA-NE was able to enhance its peer mentorship program. This program will be an aspect of the Assistance Act funding in the next fiscal year.

Based on feedback from individuals who were part of the program and/or may be good candidates for the program, a series of recommendations helped guide updates and enhancements to BIA-NE's program. This included things such as:

- Being distinct and intentional with mentee-facing and mentor-facing content and materials
- Developing a mentor and mentee readiness checklist.
- Revising the interest form and application/agreement to streamline the process for applicants.

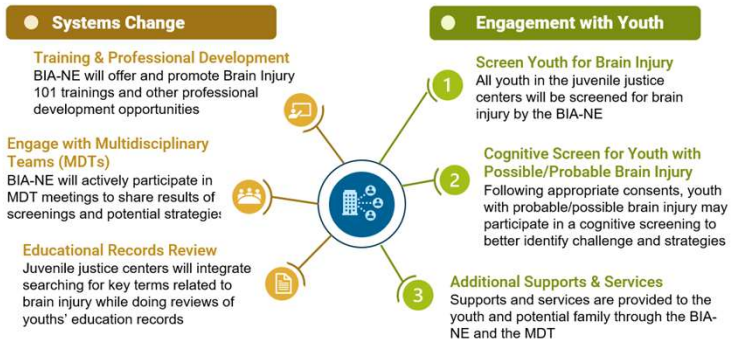
By the end of the grant from Nebraska VR there were:

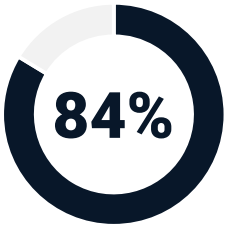
- **7 people grandfathered into the program as mentors**
- **9 people who participated in orientation**
- **12 people scheduling their orientation**

[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.

Juvenile Justice Center Project

A one-year project from the Sherwood Foundation allowed, UNL, and the Munroe-Meyer Institute at the University of Nebraska Medical Center to collaborate with three juvenile justice centers in Nebraska. The intent was to screen youth for brain injury while also providing education and support to staff on how to best engage with those who may have experienced a brain injury.





84% screened as having a possible brain injury (n=318)

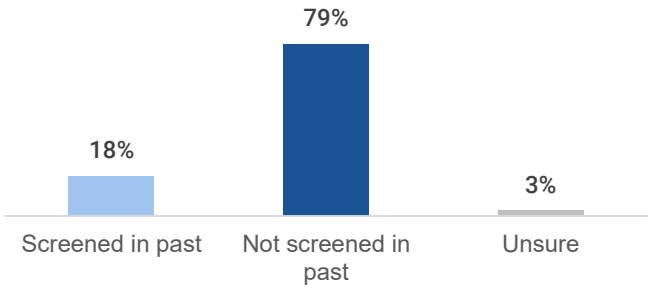
BIA-NE recorded

56

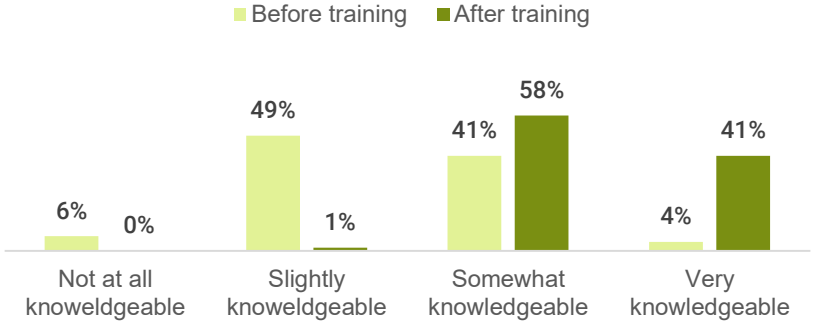
dates when modules were conducted at the three centers between 8/15/25 and 6/12/26

416 evaluations were done among youth in attendance

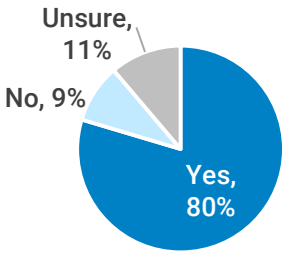
Most of the youth screened report **not having been screened for TBI in the past** (n=318)



About 80% of staff and partners who completed an evaluation reported an increase in knowledge about brain injury (n=81)



A majority of staff felt youth **should continue to be screened** for brain injury at their center (n=98)

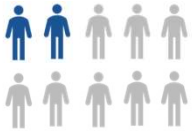


PRIORITY 7

EVALUATING NEEDS

Results from the two client satisfaction surveys conducted in FY26 show overwhelmingly positive experiences with BIA-NE. Most respondents said staff helped them better understand brain injury services, identify next steps, address challenges, and feel understood and supported. Clear communication was a particular strength, though some respondents had challenges that BIA-NE staff were unable to resolve. Resource Facilitation seems to be a particularly valuable resource when individuals or families don't know where else to turn.

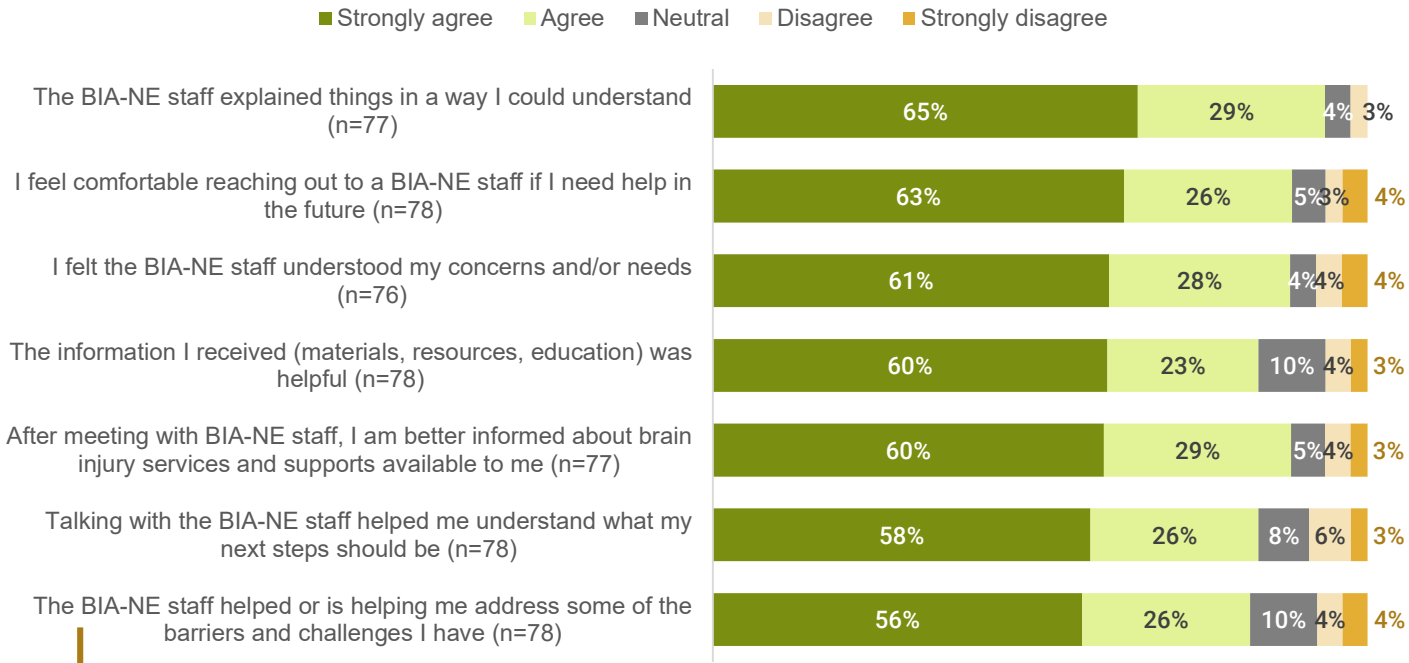
20%



of those who received the client satisfaction survey participated in it (n=390)[22]

Next fiscal year, clients will receive an automatic email via Salesforce three days after their Resource Facilitation case closes. If they are a returning or repeat client, they will not receive the survey again for 365 days to avoid survey fatigue.

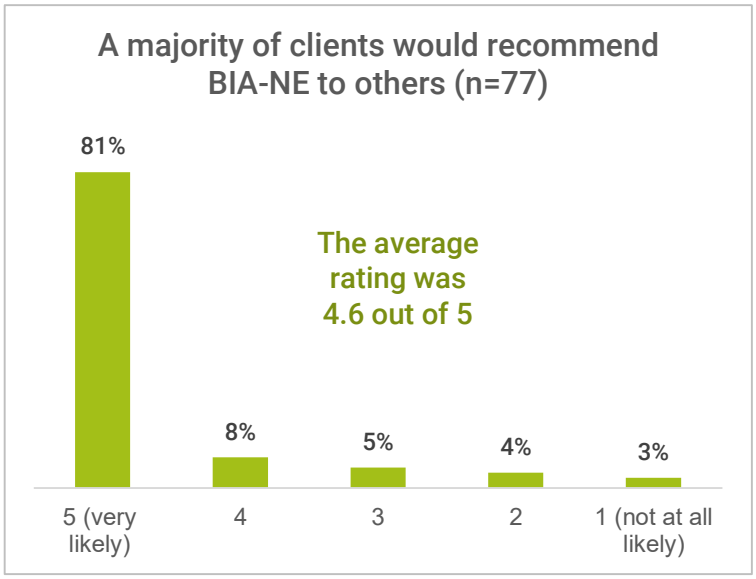
More than 80% agreed with seven statements about the services provided to them within the last six months by the BIA-NE

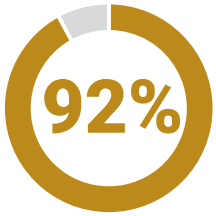


This statement had the lowest level of agreement, suggesting that some individuals may have needs or barriers that BIA-NE cannot directly resolve.

[22] There were 202 clients who received the survey in January 2026, reflecting those who ended services with the BIA-NE between July and December 2025. Another survey was sent in July 2026 to 188 clients who ended services between January and June 2026. All surveys were sent via SurveyMonkey. To help increase the response rate, Resource Facilitators sent a generic link for the survey to their clients who had not responded to the survey following two reminder emails via SurveyMonkey. Both surveys were kept open for about four weeks.

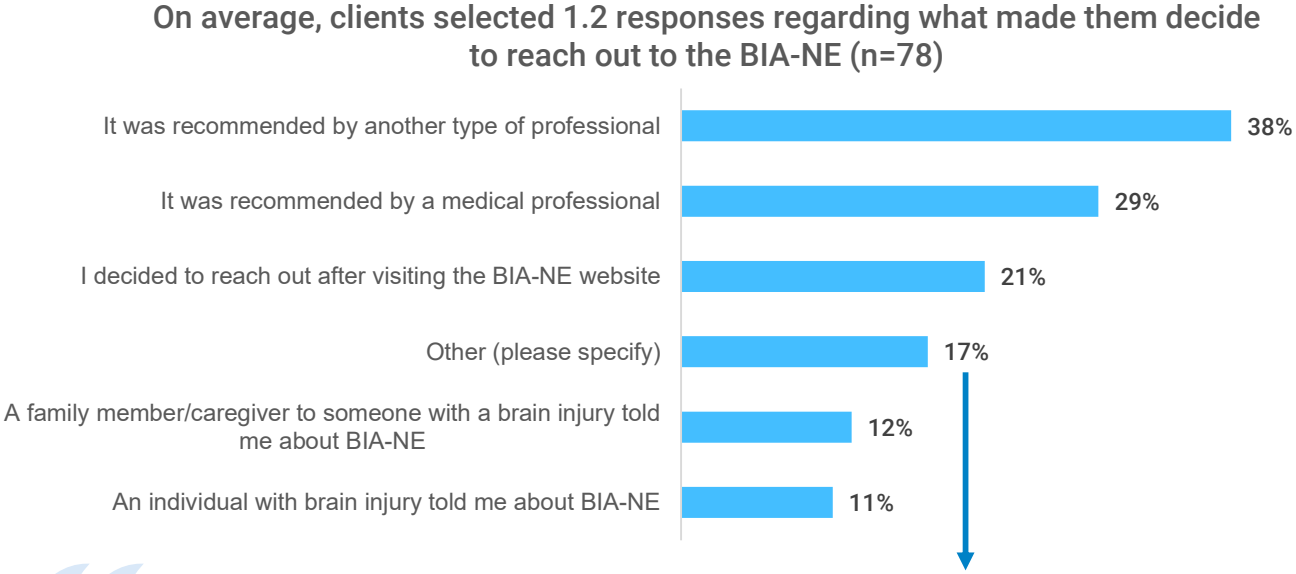
PRIORITY 7 | EVALUATING NEEDS





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

"The check-ins are well timed. When information is provided, it is precise and generous. I feel remembered but not overwhelmed."



- ✓ Four noted a specific agency
- ✓ Two came across BIA-NE in professional capacity
- ✓ Two knew of or used brain injury services in other states (Virginia and Oregon)
- ✓ One noted the TBI Registry letter

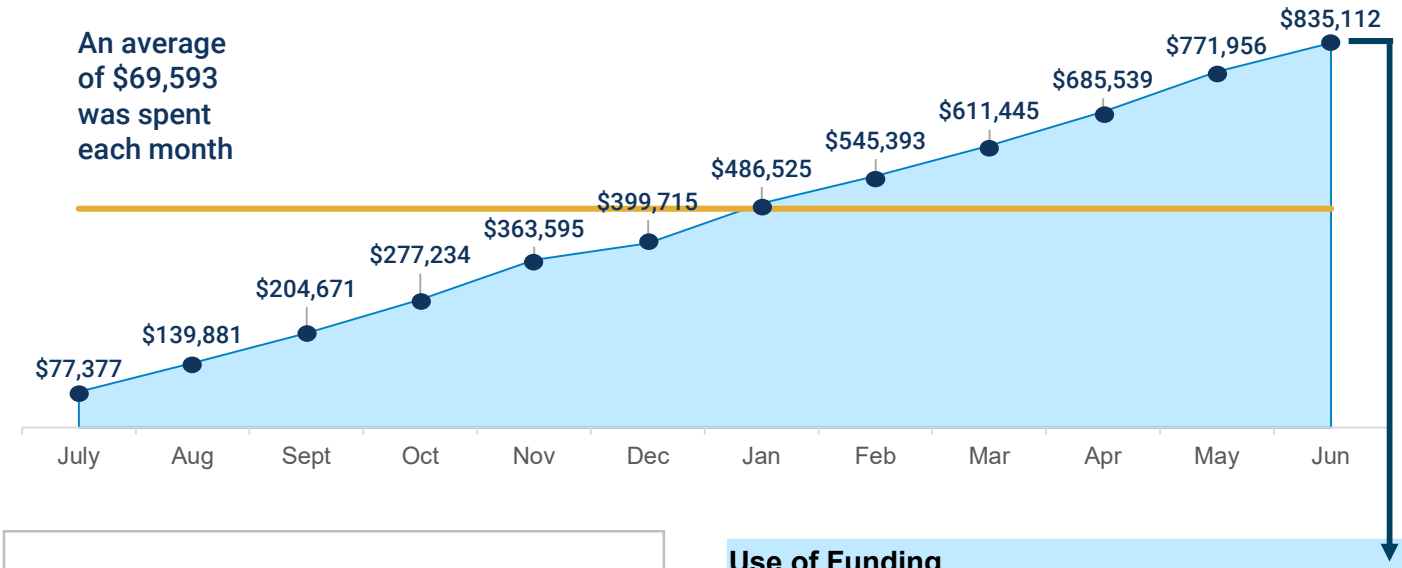
"I was given so much information, probably to much at one time honestly. I get overwhelmed easily, put something in the corner and then I forget about it. It might have been helpful to prioritize it with me and set the goals and tasks for me to do to reach them. … I appreciate what BIA stands for & all the resources they provide! Accepting where I am in life now after having multiple head trauma was a huge win for me. Thank you for all that your staff does, I truly appreciate your services!"

This priority focuses on collecting data and evaluating how the needs of individuals with a brain injury and their families are being met in this state. Additional information on needs among clients on page 10 of this report.

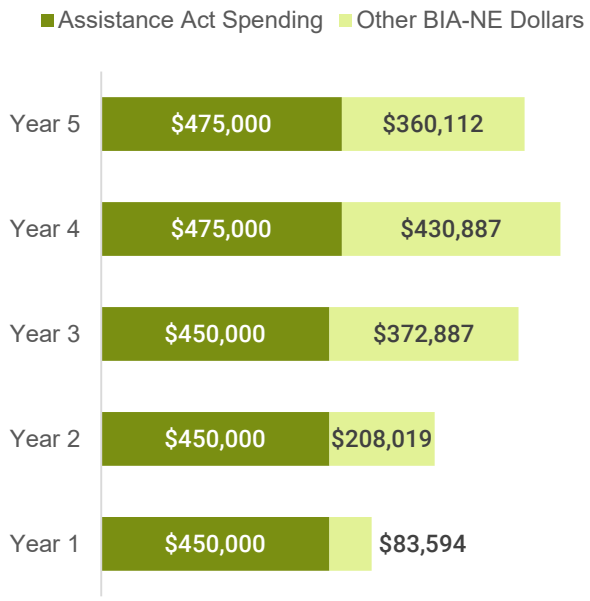
FY26 SPENDING

While the Assistance Act funding of $475,000 was fully utilized by February, BIA-NE used other funding sources to continue carrying out the initiatives, reaching $835,112 at the end of the fiscal year. Most of the Assistance Act funding (79%) goes toward payroll and related expenses. The amount of supplemental funding has grown substantially since Year 1, when BIA-NE contributed $83,594 beyond the Assistance Act allocation.

By February, the $475,000 allocated for FY26 was spent; the remaining cost was supplemented by other BIA-NE funding



BIA-NE utilized contributions from donors and Medicaid Administrative Claiming (MAC) to cover additional costs



Use of Funding	
Payroll and Related Expenses	$656,245
Accounting and Auditing Fees, Legal	$9,404
IT Support, Consultants	$53,221
Marketing & Advertising	$5,808
Bank, Credit Card, and Investment Fees	$872
Software and Website Expenses	$30,226
Conferences and Meetings	$2,291
Dues & Subscriptions	$17,331
Program Events and Efforts	$873
Insurance	$4,684
Office Supplies and Expenses	$10,029
Postage, Mailing Service	$1,057
Printing & Copying	$6,343
Rent and Utilities (Telephone, Internet)	$4,024
Travel and Meals	$25,743
Professional Development/Training	$5,952
Miscellaneous	$1,009
Total Use of Funding:	**$835,112**