

# NOTICE OF PUBLIC MEETING

Notice is hereby given that a public meeting of the Brain Injury Oversight Committee will be held on February 16, 2024, from 1:00 to 3:00 PM and the meeting will be held online with an in-person viewing option. The meeting will be held via Zoom at <https://unmc.zoom.us/j/99904568500?pwd=cmZOSGVNYnVFem9vVONVTFh0WFhqZz09>. The Meeting ID is 999 0456 8500 and the Passcode is 232848.

For interested members of the public that would like to attend in-person, a location will be provided at Childrens Nebraska, 8404 Indian Hills Drive, Indian Hills East/Gold Building Omaha, NE 68114. Check in at the lobby to be escorted to the meeting.

The agenda and meeting materials to be discussed by the committee can be found at <https://www.unmc.edu/aboutus/community-engagement/bioc/index.html>. If members of the public and media have further questions about the meeting, contact Jamie Stahl at (402) 559-6300 or [Jamie.stahl@unmc.edu](mailto:Jamie.stahl@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

February 16, 2024  
1:00 PM to 3:00 PM

- I. Call to order
- II. Open Meetings Act Statement
- III. Introductions and roll call
- IV. Approval of the agenda
- V. Public Comment
- VI. Approval of minutes from September 15, 2023 meeting
- VII. Discussion on LB-1417
- VIII. Discussion of NOFO
- IX. Executive Committee term update
- X. Establish a work group to review funding applications
- XI. Bi-annual Report from BIA-NE
- XII. Next meeting April 19, 2024, 1:00-3:00 PM in person meeting location to be determined

### Upcoming Meetings:

- April 19, 2024 meeting agenda will include
    - Vote on fund recipient(s)
    - Vote on Vice-Chair and Secretary positions
    - UNMC Annual Expense Report for Brain Injury Oversight Committee Expenses July 2023 to June 2024, Establish Budget for FY 2024-25
  - July 19, 2024 meeting agenda will include
    - Establishing timeline goals for FY 2024-25
    - Manage any other housekeeping needs
  - Sept. 20, 2024 meeting will include
    - Annual report from funding recipient
- XIII. Adjourn

# BIA-NE Resource Facilitation

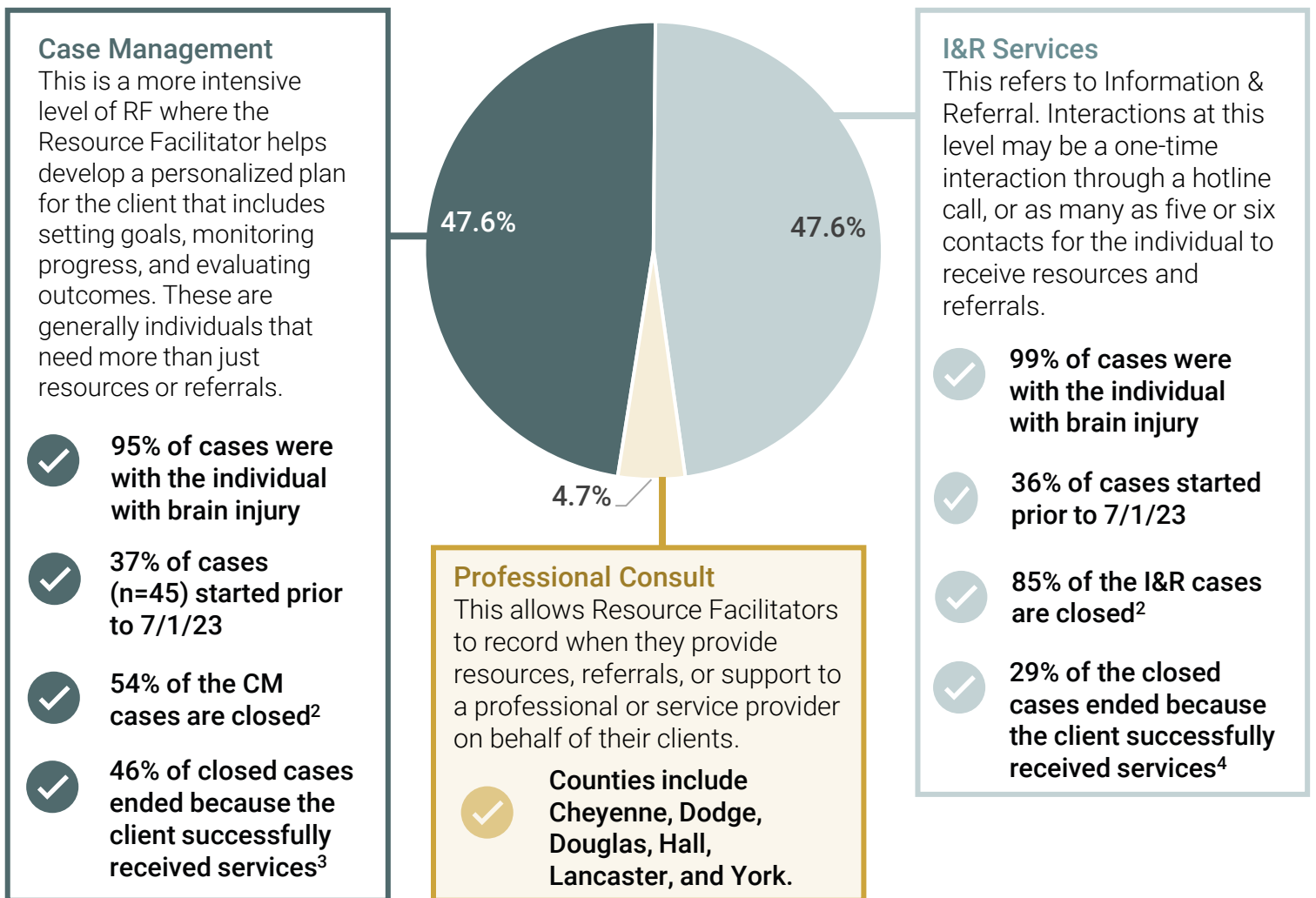
Resource Facilitation (RF) is a free service through the Brain Injury Alliance of Nebraska (BIA-NE). Resource Facilitators provide support, resources, and referrals to 1) individuals with brain injury; 2) family members and caregivers; and 3) health care or other social service professionals related to brain injury. Beyond helping individuals identify and navigate resources, Resource Facilitators assist with monitoring an individual's progress.

## Levels of Resource Facilitation

**239** unique individuals served<sup>1</sup>



Of the active cases between July 1, 2023 and December 31, 2023, there was an even split between case management and I&R (n=254)



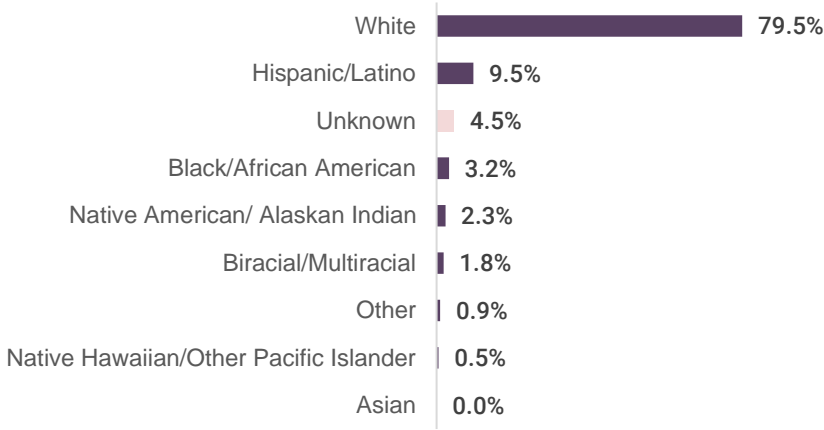
<sup>1</sup> This includes all clients with an Information & Referral or Case Management case as well as the Professional Consult cases (a person assisted through another agency). This number is higher than previous reports as it includes not only the clients who started a case between July 1 and December 2023, but also those that started prior to July 2023 but were still in service during the six-month time period. Previous reports did not include the latter.

<sup>2</sup> Cases fall into one of three categories. Open means the client is still actively working with the Resource Facilitator. Closed means there has been a natural conclusion to the work with the client. Dormant means a client has not had contact with the Resource Facilitator within a predetermined amount of time, prompting the Resource Facilitator to reconnect.

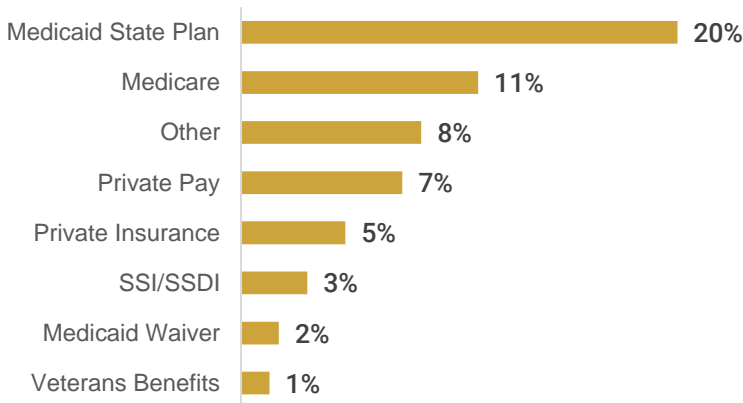
<sup>3</sup> Other reasons for closing CM cases included: client was unresponsive to communication (20%); client did not complete necessary requirements (12%); client requested to end services (9%); and client moved out of state (6%).

<sup>4</sup> Other reasons for closing I&R cases included: case was automatically closed due to no recorded contact between client and staff (22%); client was unresponsive to communication (19%); client requested to end services (15%); client did not complete necessary requirements (8%); case was converted to case management (4%); and client moved out of state (2%).

A majority of clients served were white (n=220)

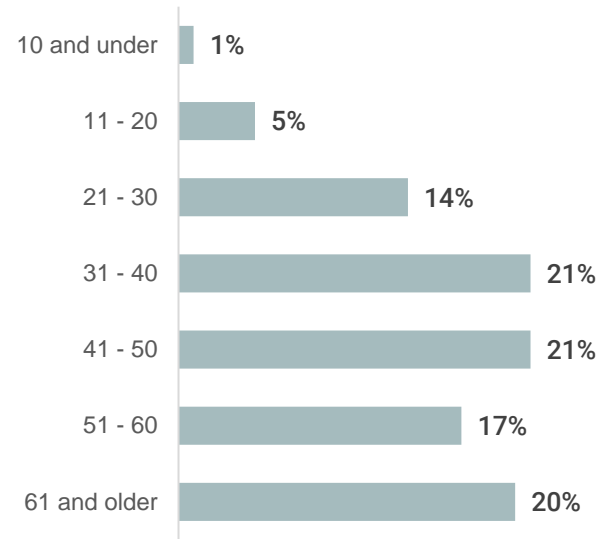


At least 20% of the clients served were on a Medicaid State Plan (n=228)



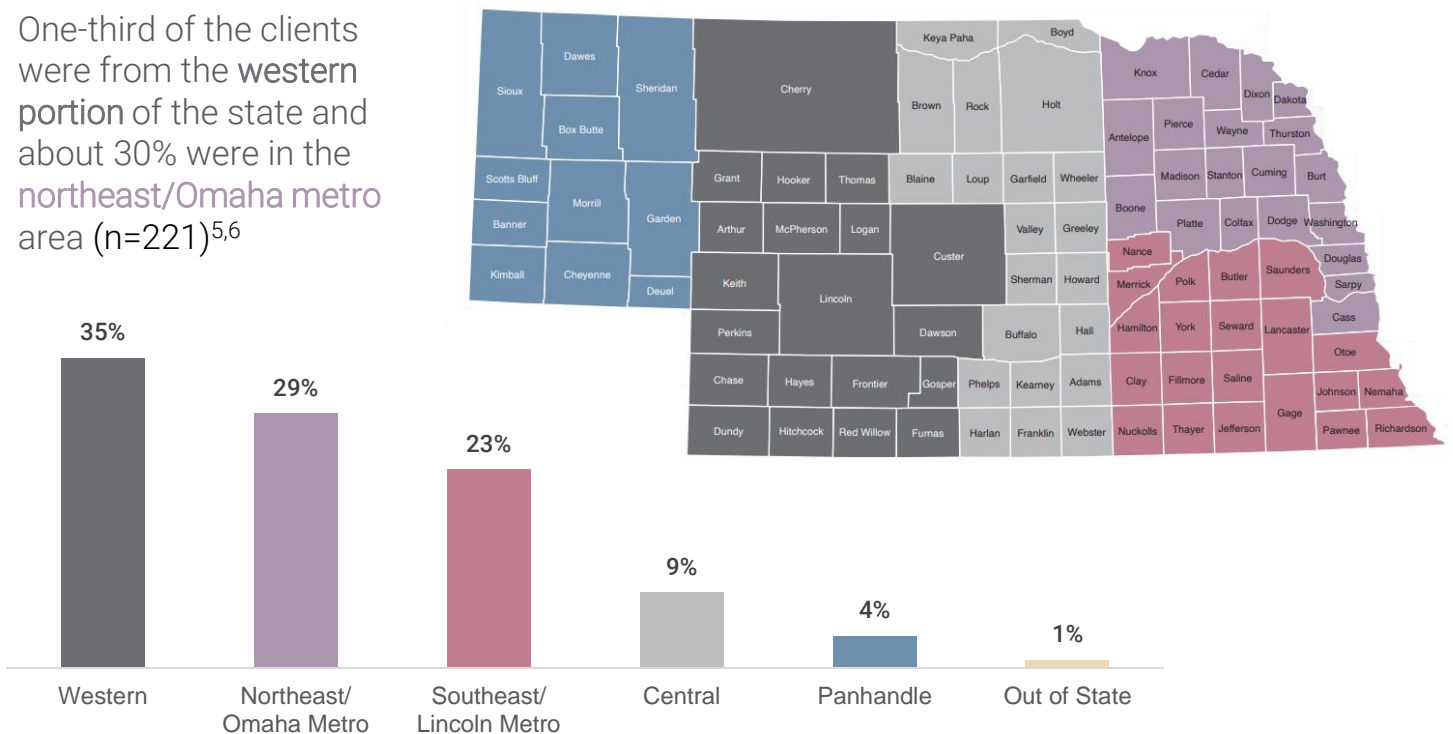
## Demographics of Clients Served

Clients served were between the ages of 3 and 96, with the average age being 46 (n=215)



50% male |  50% female

One-third of the clients were from the western portion of the state and about 30% were in the northeast/Omaha metro area (n=221)<sup>5,6</sup>

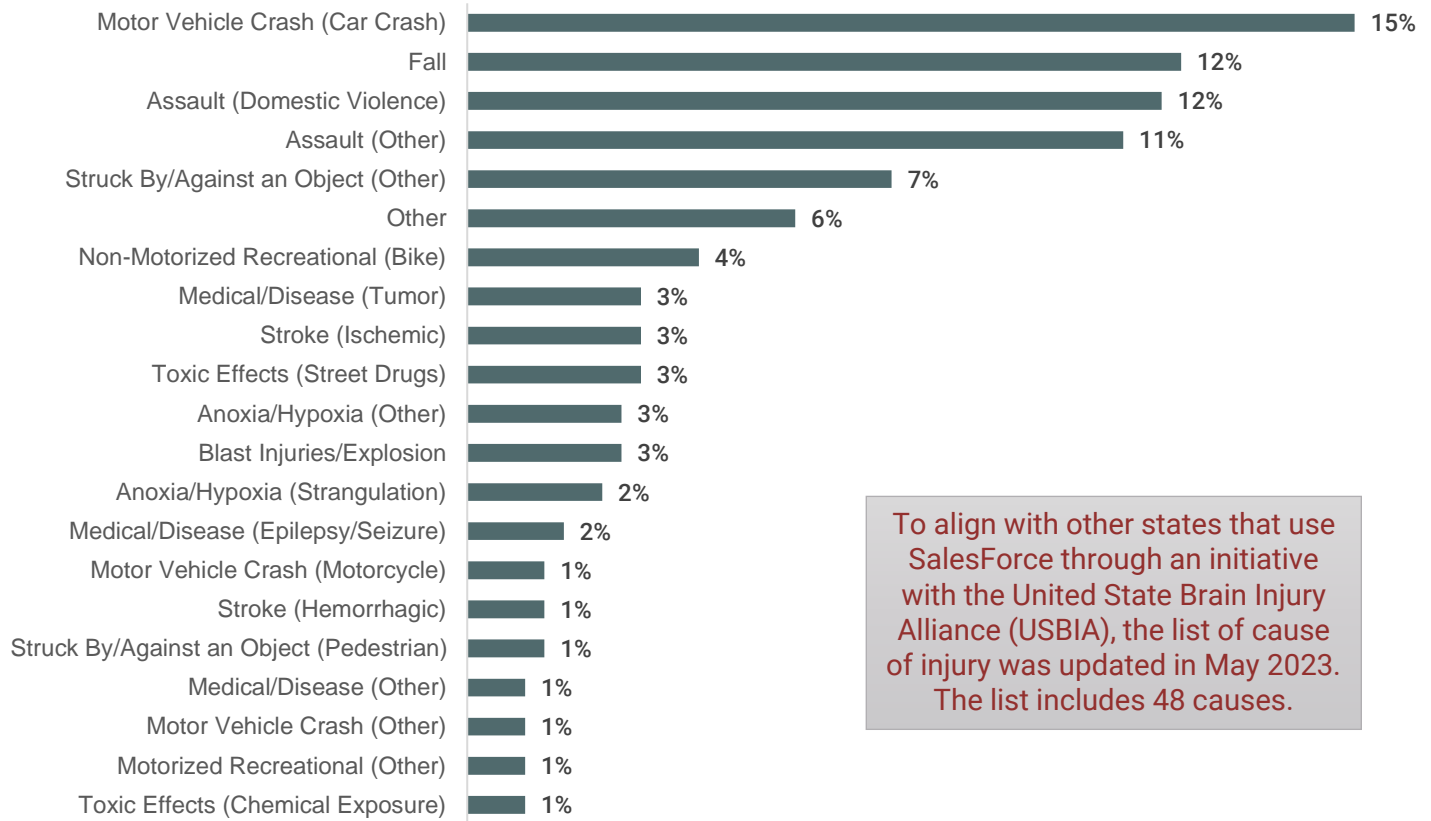


<sup>5</sup> Two Resource Facilitators are in the western area of the state and work directly with the Lincoln County Jail, which results in a number of clients being served in Lincoln county (n=71).

<sup>6</sup> With the addition of a new Resource Facilitator, counties in the Panhandle (11 in total) were distinguished from the 16 counties in the Western region to better understand service provision and needs. This position started Oct. 30, 2023.

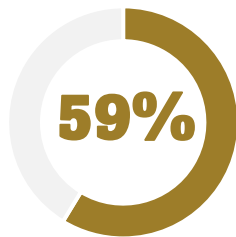
## Injury Details

Motor vehicle crashes remain the most common cause of injury for clients who started working with BIA-NE between July and December 2023 (n=307)<sup>7,8</sup>

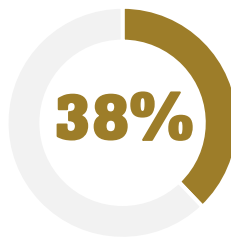


To align with other states that use Salesforce through an initiative with the United State Brain Injury Alliance (USBIA), the list of cause of injury was updated in May 2023. The list includes 48 causes.

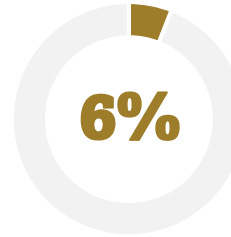
Among the 322 injuries



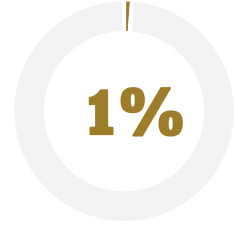
reported feeling dazed or having a memory gap



were repeated injuries with unknown dates



of the injuries occurred while playing a sport



were tied to an attempt of suicide or self-harm

76%

of the injuries were classified as traumatic brain injuries (n=288)

29 years

was the average age of injury (n=303)<sup>9</sup>

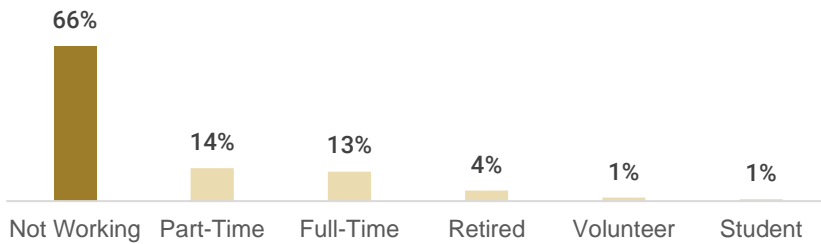
<sup>7</sup> Injury information is included only for clients who started Resource Facilitation services between July and December 2023.

<sup>8</sup> The following causes were reported less than 1%: Anoxia/Hypoxia (Near Drowning); Assault (Abusive Head Trauma/Shaken Baby Syndrome); Mechanism Unknown; Medical Interventions (ECT Treatment); Non-Motorized Recreational (Horseback); Non-Motorized Recreational (Skateboard); Stroke (TIA); Toxic Effects (Other); Anoxia/Hypoxia (Opioid Overdose); Gunshot; Medical/Disease (Meningitis); Medical/Disease (MS); Motorized Recreational (Golf Cart); Motorized Recreational (Motorized Boat); Non-Motorized Recreational (Other); and Stroke (CVA).

<sup>9</sup> Age at time of injury is reported for each injury. Individuals with multiple injuries will have multiple ages at time of injury.

## Employment

A majority of clients who started services with BIA-NE during the six-month period reported they were not working (n=134)



The most common occupation types among those working include retail (13%), healthcare (10%), and personal care and services (8%)

Among clients who are not working, most reported it was due to a history of legal issues or because of brain injury symptoms (n=86)<sup>10</sup>



For those that selected other, 25% were due to incarceration and 17% were due to the client being a child (n=11)

## Hearing about BIA-NE

Clients were referred to BIA-NE by

**28**

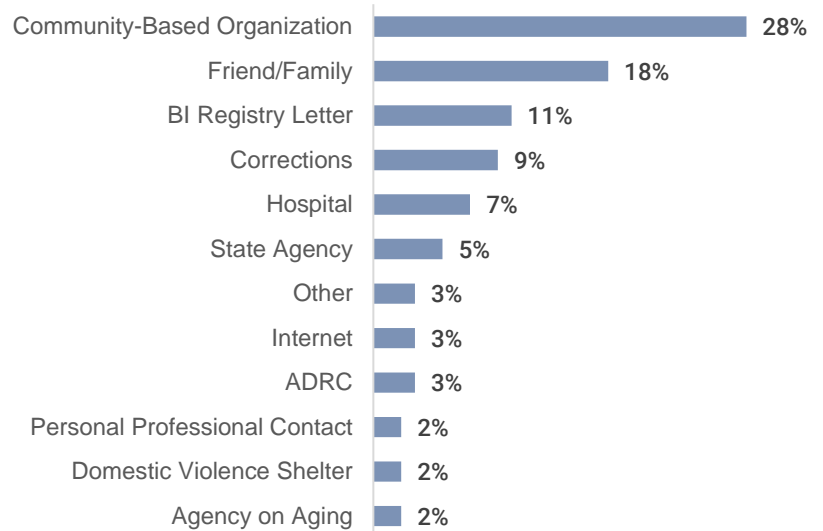
organizations



The organization reported most included:

- Families 1<sup>st</sup> Partnership (12)
- Nebraska VR (7) – via the Registry Letter
- Lincoln County Detention Center
- Healthy Blue Nebraska, NE Department of Health and Human Services, University of Nebraska Medical Center Services (3)

Nearly half (46%) of the inbound referrals documented between July and December 2023 were through community-based organizations or family/friend (n=95)<sup>11,12</sup>



<sup>10</sup> The high percentage of clients being unable to work due to incarceration is likely due to the work two Resource Facilitators are doing with the Lincoln County Jail.

<sup>11</sup> Data for this figure is based on the date of the inbound referral and does not reflect all clients served during the six-month reporting period.

<sup>12</sup> The following accounted for 1% of the inbound referrals: Media-TV; Presentation/Event; Primary Care Provider; Unknown; and US-BIA Affiliates.

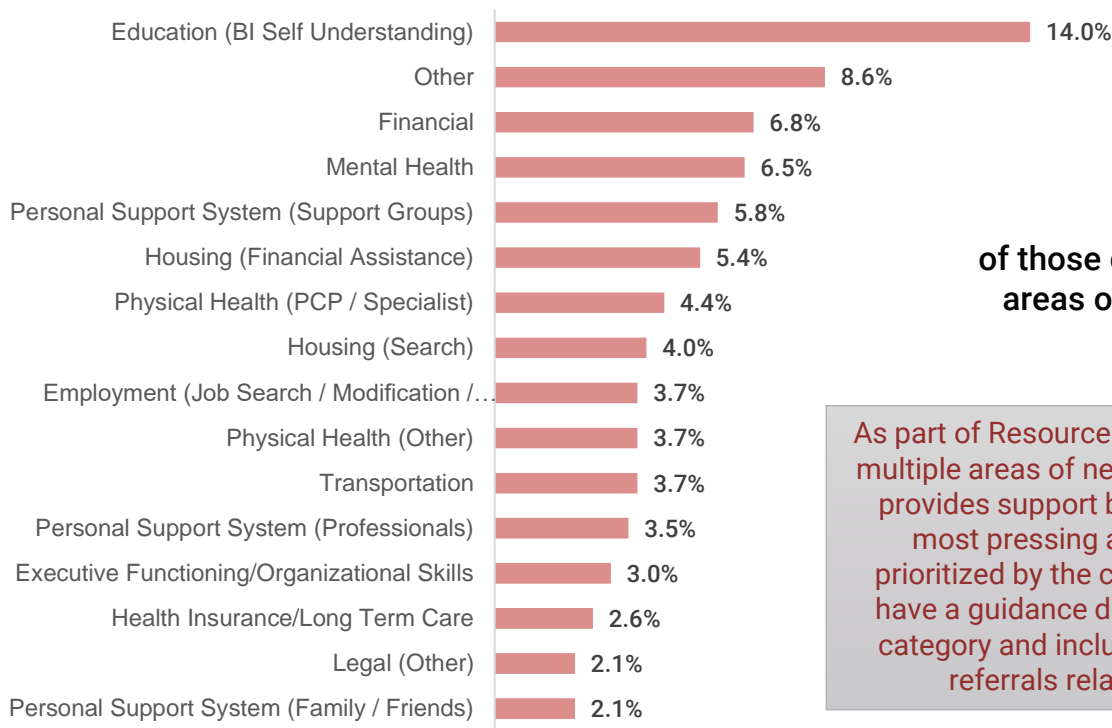
## Areas of Need



**180**

clients had at least one area of need documented

Among all the areas of need for clients served during the six-month period, the most common was related to understanding brain injury (n=428)<sup>13</sup>



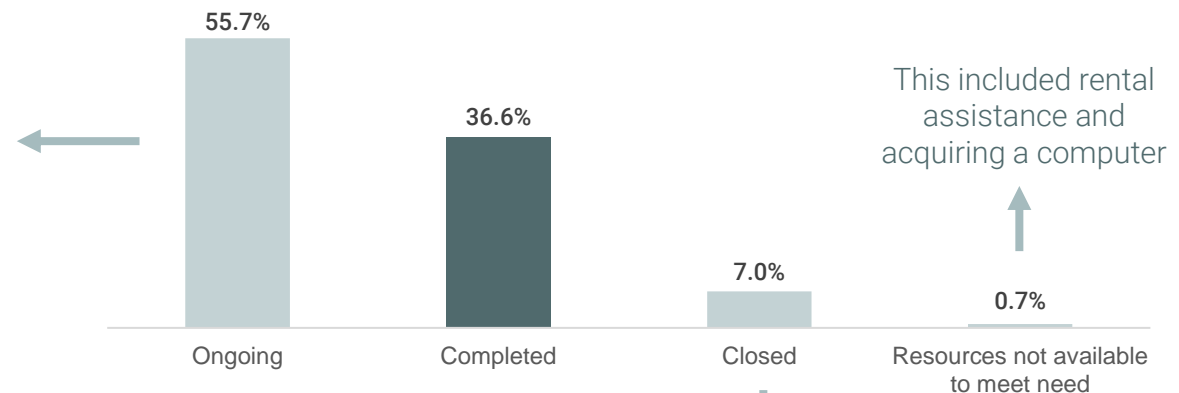
**36**

of those clients had 4 or more areas of need documented

As part of Resource Facilitation, clients can note multiple areas of need. The Resource Facilitator provides support based on the client's top or most pressing area(s) of need, which is prioritized by the client. Resource Facilitators have a guidance document that defines each category and includes potential resources or referrals related to that that need.

More than one-third of the areas of need documented have been **completed** or addressed through BIA-NE (n=429)<sup>14</sup>

56% of the ongoing needs are for clients that are still considered to be receiving Resource Facilitation Services



This included rental assistance and acquiring a computer

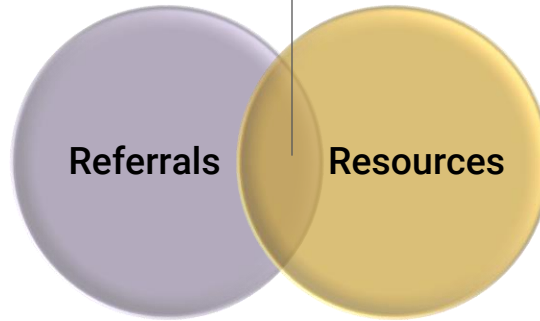
The top two reasons for closing the area of need were the need no longer being applicable (28%) and the client's case closed (28%)

<sup>13</sup> The following categories were selected 2% or less: Education (Other); Housing (Stability); Substance Use; Behavior; Communication; Housing (Other); Physical Health (Vision); Technology (Acquisition); Home (Repair / Modification / Maintenance); Personal Support System (Peer Mentorship Mentee); Self-Care/Daily Routine; Education (Pre-K -12); Employment (Accommodations); Legal (Family / Guardianship / POA); Education (Higher Education); Food / Nutrition; Home (Other); Legal (Complaints / Appeals); Medication; Rec/Leisure; Employment (Other); Home (Furniture & Housewares); Intimate Partner Violence / Human Trafficking; Personal Support System (Service Animal / Pet); Physical Health (Dental); Technology (Other); and Volunteering.

<sup>14</sup> The total count for the area of need status is higher than the number of needs because one of the needs documented did not have the type listed.

Resource Facilitators provide their own expertise based on trainings, skills, and life experiences. This is not documented.

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



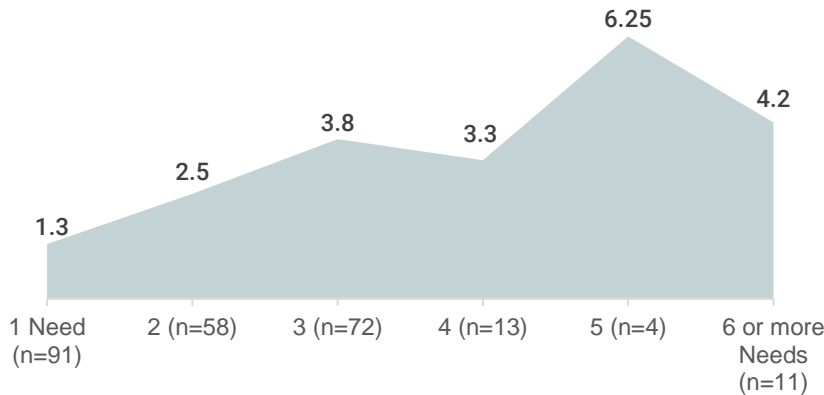
These are informative or self-directed activities that a client can choose to use. Examples include a website link, handout, recorded training, or pamphlet.



## 311

**resource shares were documented between July 1, 2023 and December 31, 2023**

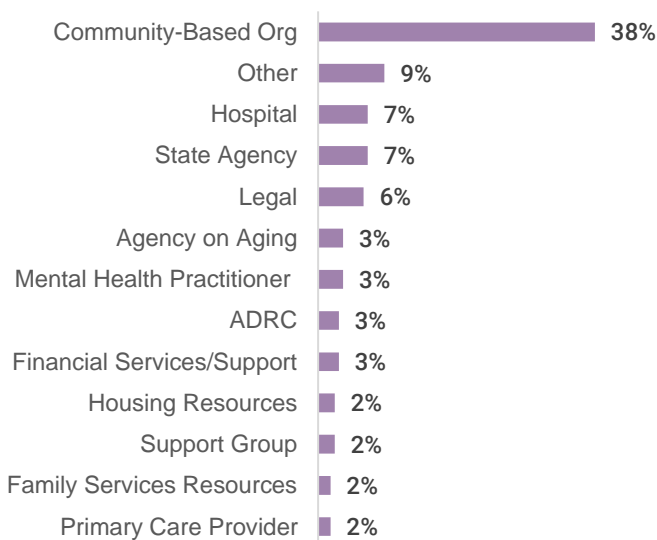
The average number of referrals and resources provided to a client was relative to the number of needs the client had (n=203 cases)



The most common resources included:

- Resource Facilitation Brochure (48 shares)
- Nebraska Support Group Listing (41 shares)
- BI Comprehensive Symptom Checklist (19 shares)
- What is a Brain Injury? (19 shares)
- A Guide to Working with Individuals with Brain Injury (18 shares)

The most common referral provided to clients was to community-based organizations (n=176)<sup>16</sup>



Clients were referred to

## 92

**different organizations**



The most common organizations that clients were referred to during the year included

- Families 1<sup>st</sup> Partnership (19 referrals)
- League of Human Dignity (12 referrals)
- Madonna Rehabilitation – Lincoln (8 referrals)
- Nebraska DHHS (7 referrals)
- Easterseals (6 referrals)

<sup>15</sup> Data on this page includes referrals provided to clients that started a case between July and December 2023, and any resource shares that were documented during that six-month time period.

<sup>16</sup> The following referrals were provided to one client each: Disability Services; Personal Professional Contact; Personal Supports; School; Veteran's Affairs; Assistive Technology; Cognitive Rehab; Domestic Violence Shelter; Durable Medical Equipment; Elderly Resources; Friend/Family; Other Medical; Other Mental Health; Physical Therapy; Respite; Social Security Disability; and Substance Abuse (Alcohol/Drugs).



# Brain Injury Assistance Act Mid-Year Report (July – December 2023)

The Brain Injury Assistance Act – previously know as the Brain Injury Trust Fund Act until 2022 – has seven expenditure priorities:



The Brain Injury Alliance of Nebraska (BIA-NE) was awarded the funding during the first year (July 2021 – June 2022), second year (July 2022 – June 2023), and the third year. This report summarizes BIA-NE efforts in each of the seven priority expenditures, primarily focusing on efforts in the first half of the third year (July 2023 – December 2023).



# PRIORITY 1

## Resource Facilitation

See the Resource Facilitation report for a comprehensive summary of clients served by the BIA-NE through Resource Facilitation



# 239

unique people were served through resource facilitation<sup>1</sup>

More than  
**487**



referrals and resources were provided to clients



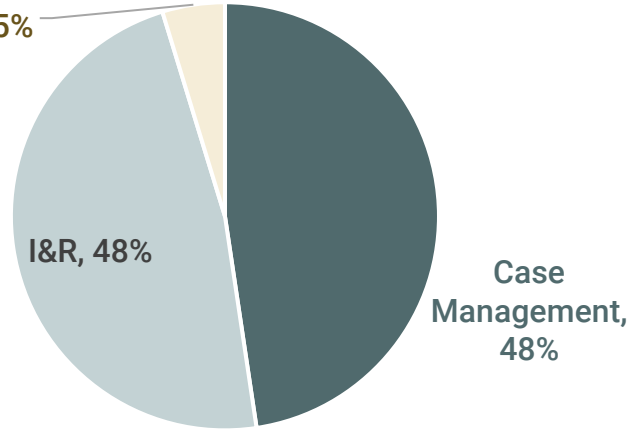
Clients were referred to

# 92

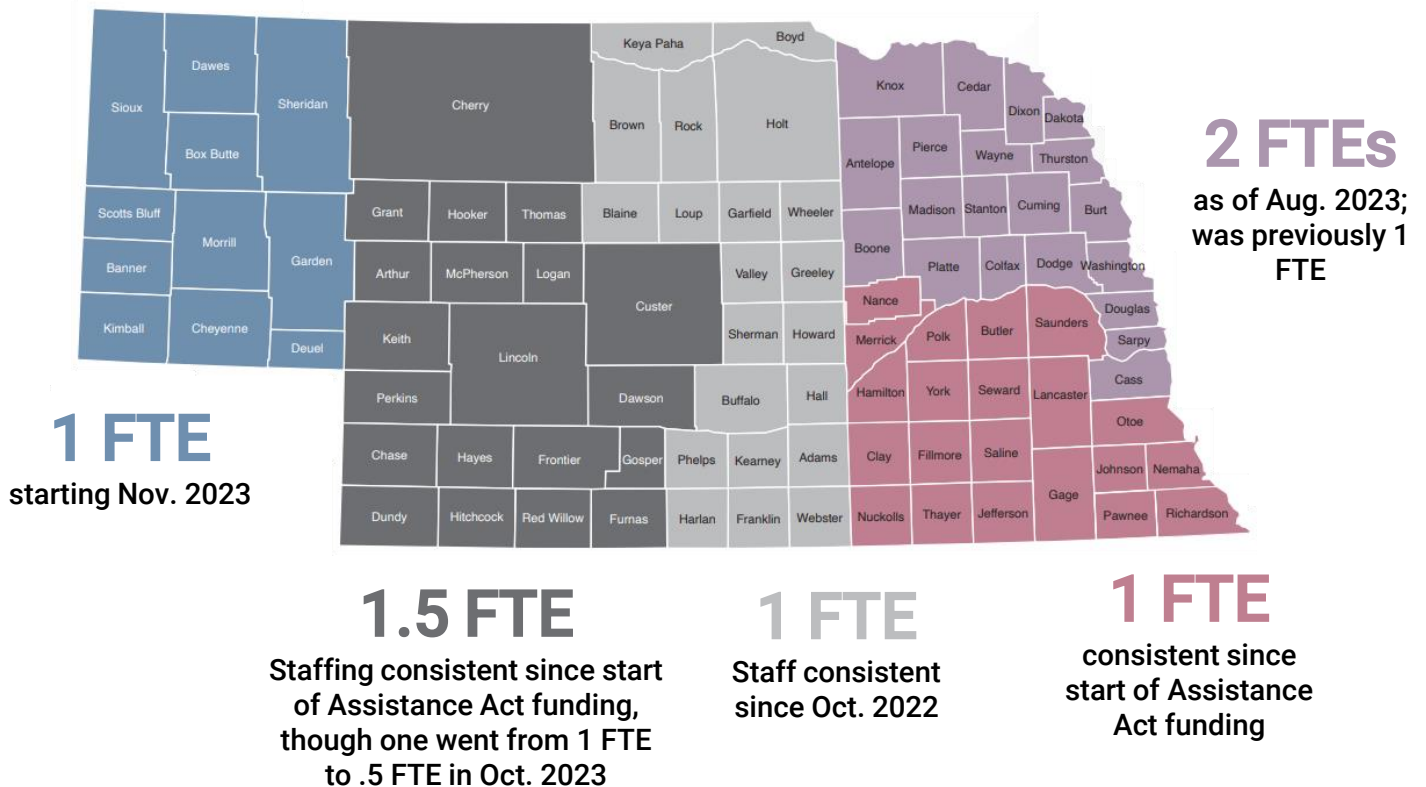
different organizations

Of those actively served between July 1, 2023 and December 31, 2023, there was an event split between case management and I&R clients (n=254)

Professional Consult, 5%



Although there were staff vacancies during the six-month period, capacity for Resource Facilitation continued to grow beyond the 1.5 FTE that was in place prior to the Assistance Act funding



<sup>1</sup> This includes all clients with an Information & Referral or Case Management case as well as the Professional Consult cases (a person assisted through another agency).

# PRIORITY 2

## Training for Service Providers

**23**

Brain Injury 101 trainings were offered to professionals

**513**

Attendees reached (average of 23 per event)

**75**

Minutes was the average length of events

**105**

Evaluations were completed

Some of the data made an impression on me as to how much more common it is.



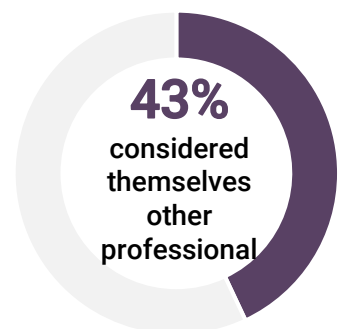
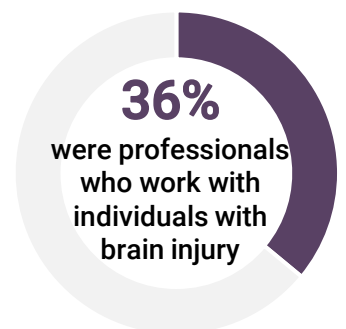
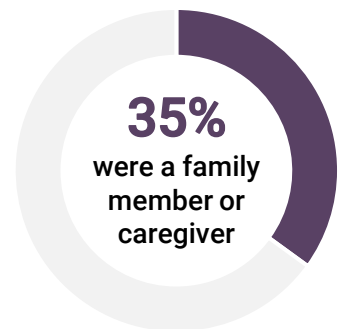
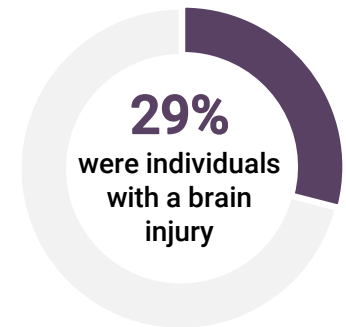
Common professions reported on the evaluation form included social workers, medical students, and specialists such as shared living or peer support (n=100)



The stats were alarming! This is a very underserved population.

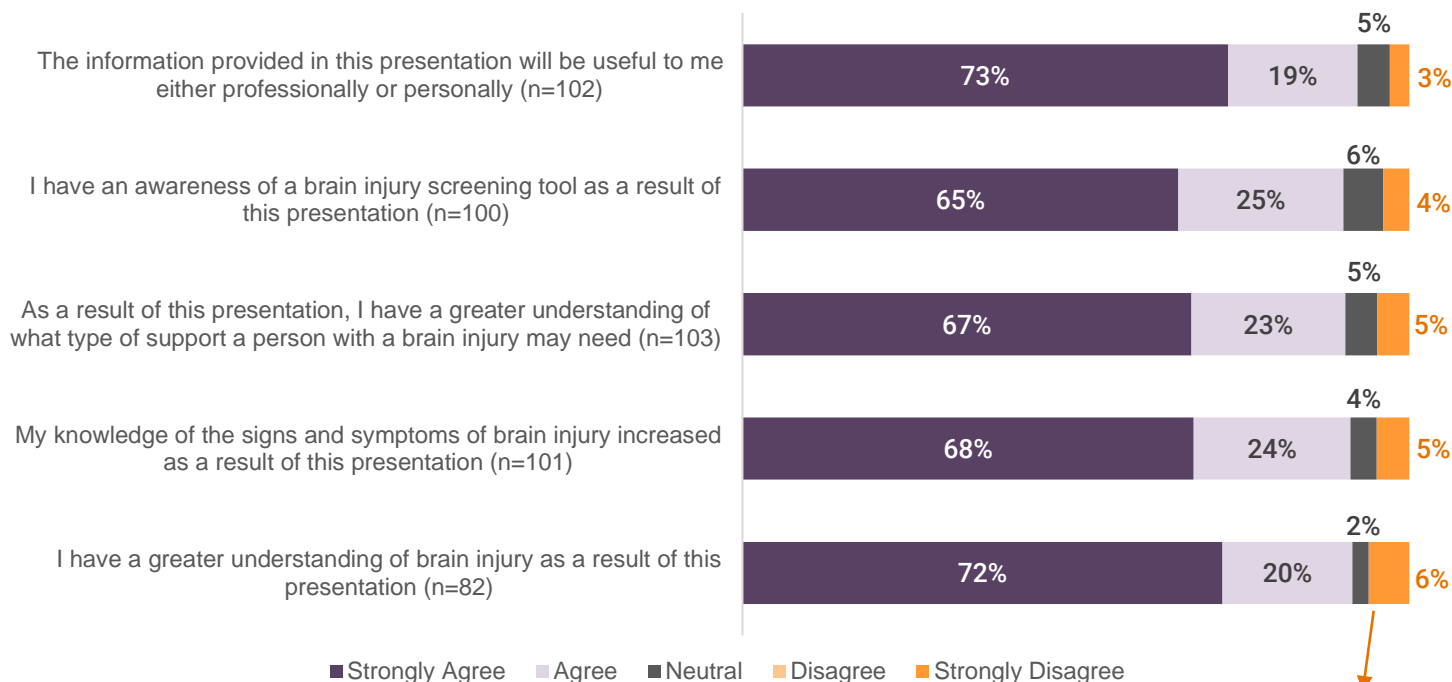


One-third of evaluation respondents reported they were a professional and either an individual with brain injury or family member/caregiver (n=100)<sup>2</sup>



<sup>2</sup> A respondent could select more than one response option. That was the case for 33 of the respondents.

More than 90% of the evaluation respondents agreed they have a greater understanding of brain injury following the presentation

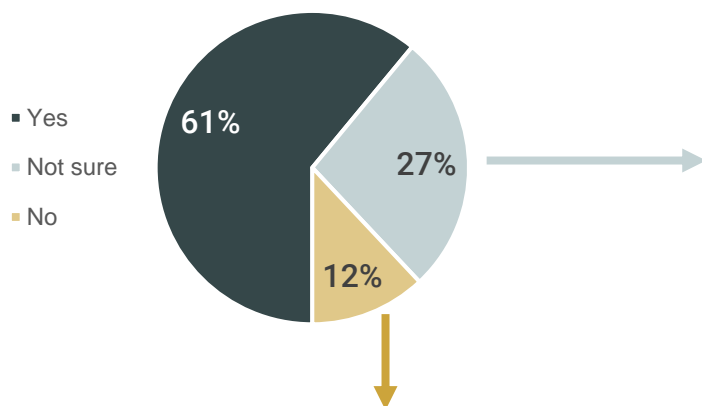


**The evaluation form for trainings and workshops was updated to include visual prompts to minimize errors with "strongly disagree" reporting and to ask about the number of clients served to get a better sense for the impact of the trainings.**

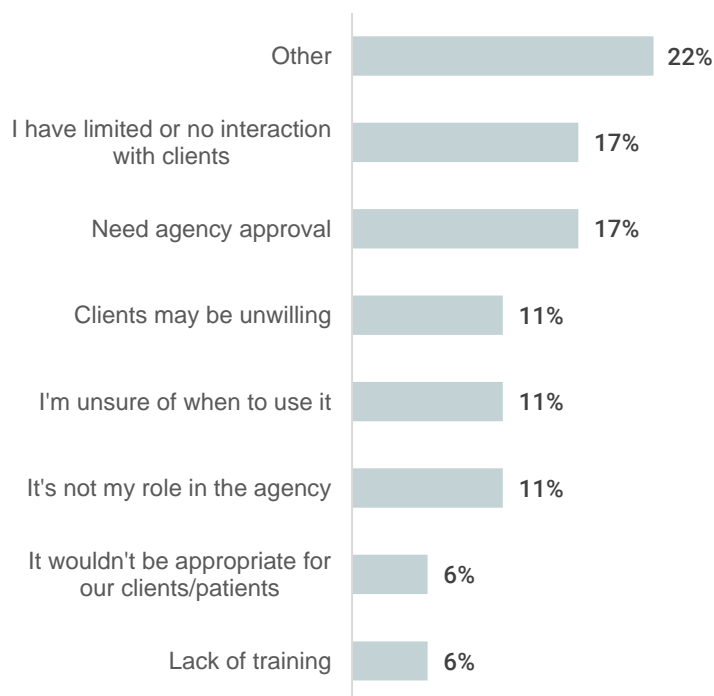
Nearly all the "strongly disagree" responses were by respondents who marked that across all statements and had positive open-ended feedback, indicating these may be incorrectly marked

Respondents who included open-ended responses for why they were unsure about using the screening tool had a variety of reasons (n=18)

Nearly 60% of respondents noted they would have an opportunity to use the brain injury screening tool with individuals they work with or serve (n=224)



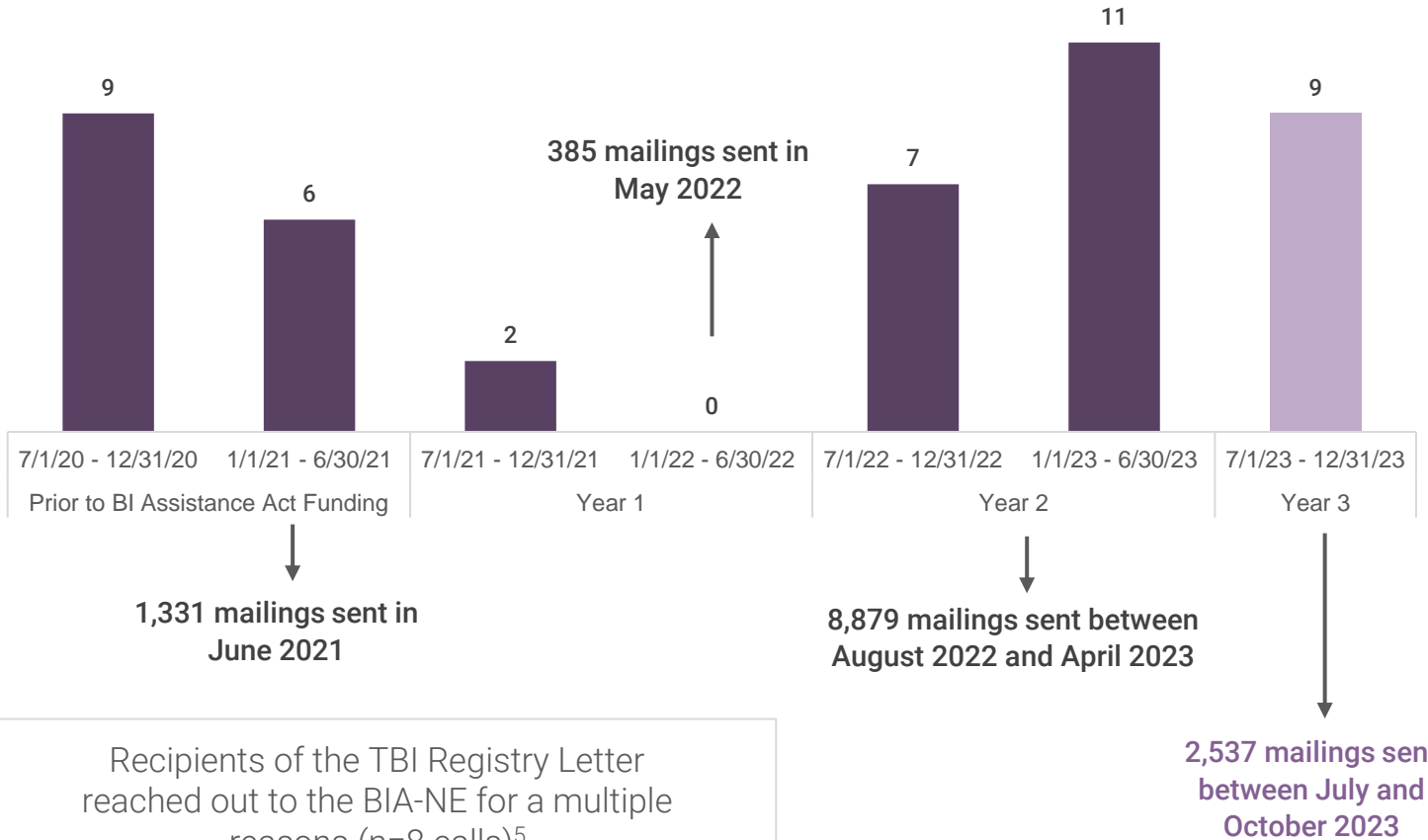
Nearly all who responded "no" noted it was because they do not work directly with clients, or it is not applicable to their role



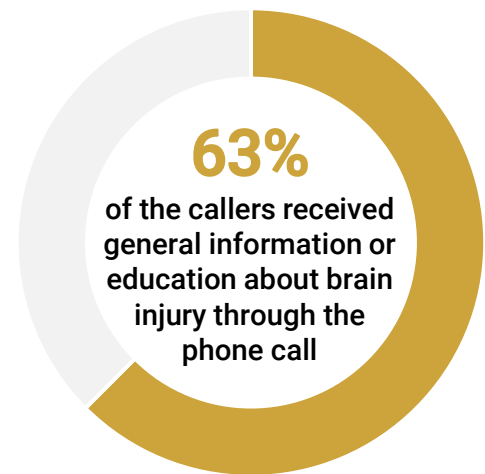
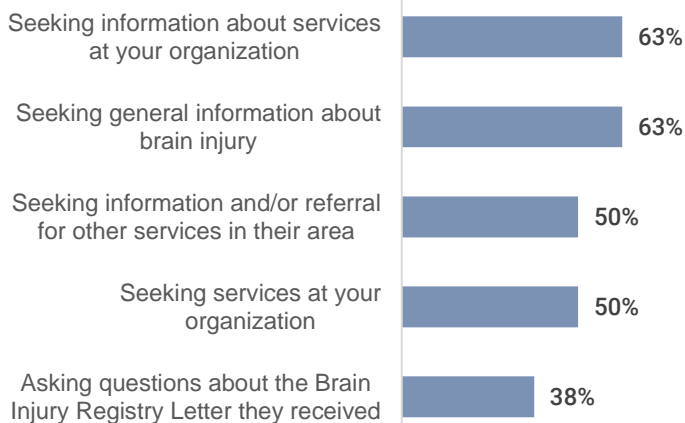
# PRIORITY 3

## Brain Injury Registry Letter Follow-up<sup>3</sup>

The number of clients who contact the BIA-NE as a result of the BI Registry Letter seems to depend on when and how many mailings were sent by Nebraska VR (Vocational Rehabilitation)<sup>4</sup>



Recipients of the TBI Registry Letter reached out to the BIA-NE for a multiple reasons (n=8 calls)<sup>5</sup>



<sup>3</sup> Additional information about the TBI Registry mailing can be found here: <https://braininjury.nebraska.gov/resources/brain-injury-data-and-statistics>

<sup>4</sup> There are 30 response options for Resource Facilitators to denote regarding how the client heard about BIA-NE. Prior to January 2023, only one response option could be selected. As a result, it is possible that more people prior to January 2023 heard about the BIA-NE through the Registry letter.

<sup>5</sup> BIA-NE staff record information from callers through a SurveyMonkey form for Nebraska VR. Staff have a prompt within their database to complete the form when they select the BI Registry Letter as a way a client heard about the BIA-NE.

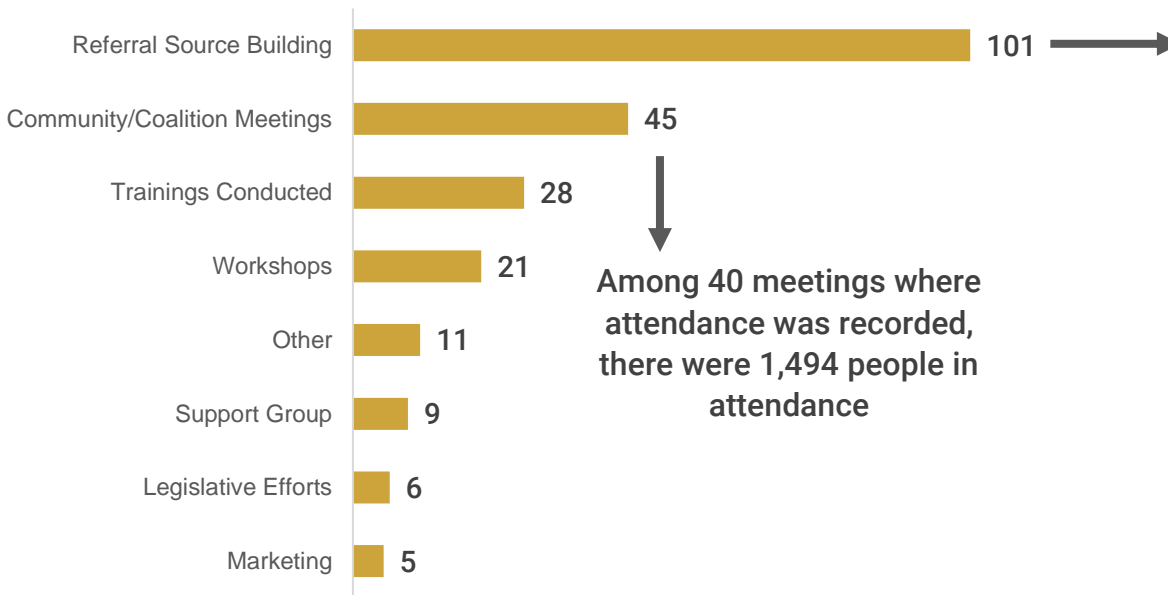
# PRIORITY 4

## Public Awareness



The intent of community outreach for Resource Facilitators is to ensure people in need of services within the community are aware of and can connect to BIA-NE. At some point there will be less focus on referral source building and more on assisting clients.

Nearly 65% of the community outreach recorded was for referral source building and community or coalition meetings (n=226)



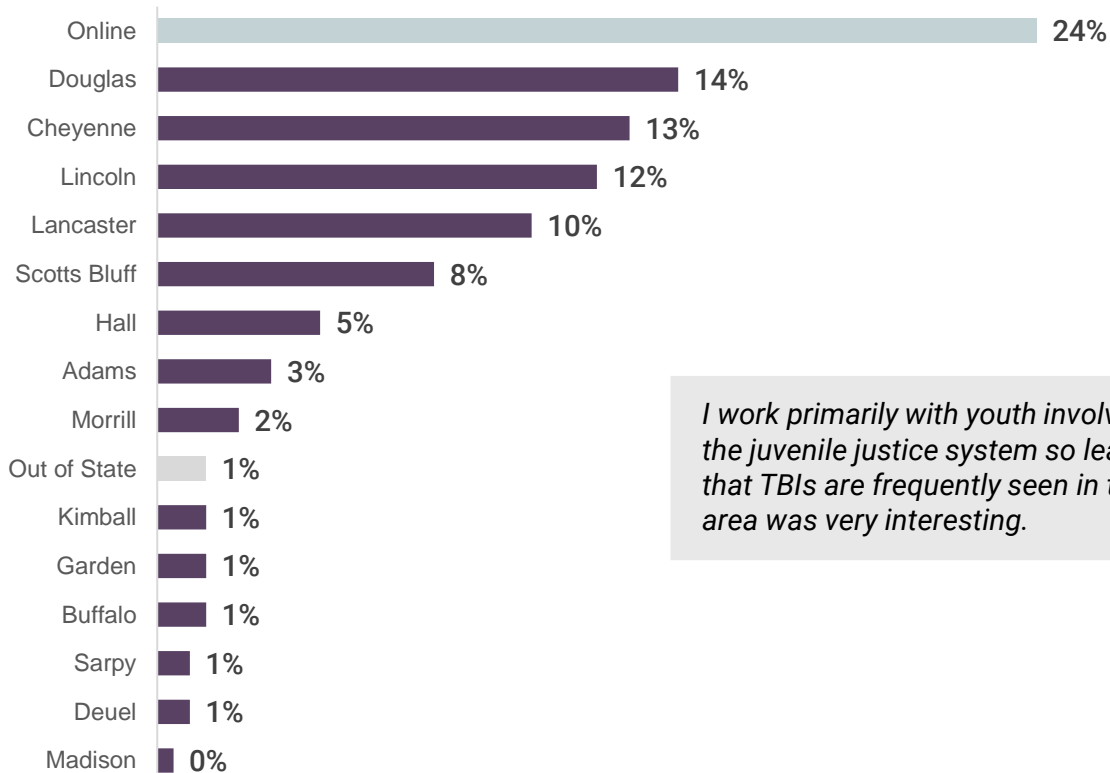
93% were initial meetings with organizations, primarily in the Panhandle

66%

of referral source building was in the Panhandle, as a new position was created to serve this part of the state more directly

Among 40 meetings where attendance was recorded, there were 1,494 people in attendance

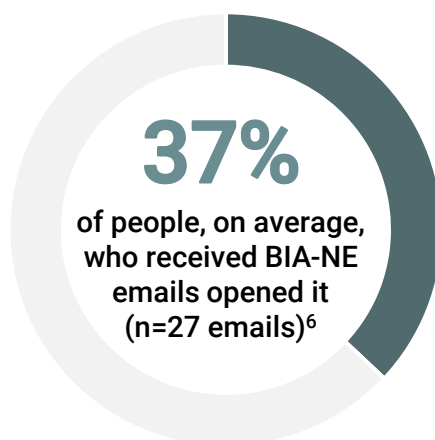
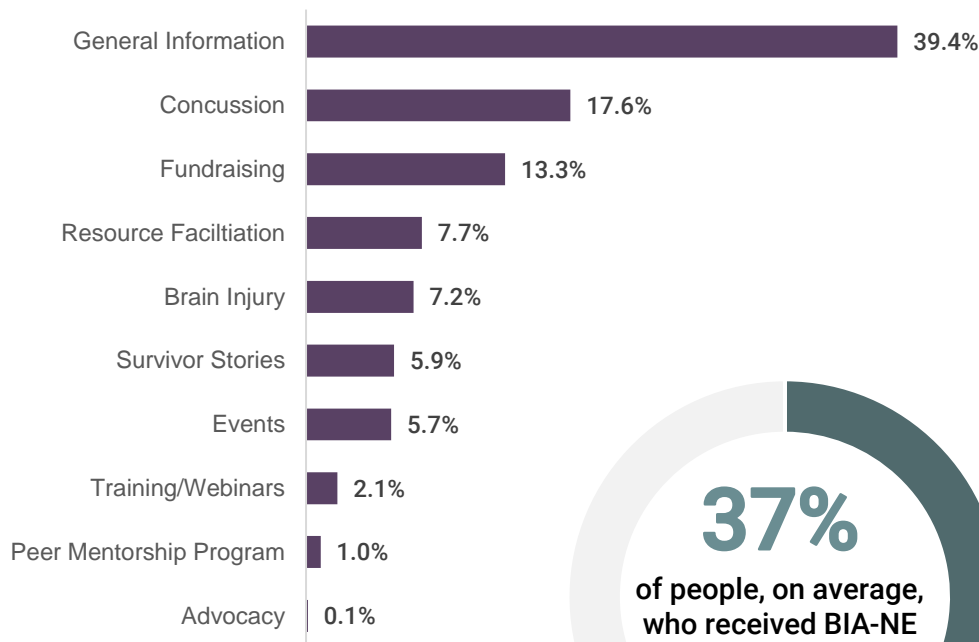
In-person outreach took place in 14 counties throughout Nebraska (n=221)



*I work primarily with youth involved in the juvenile justice system so learning that TBIs are frequently seen in this area was very interesting.*



The most common pages viewed on the BIA-NE website were for general information (contact information, overview, reports) and concussions (n=13,527)



There were **679** downloads from the BIA-NE website, with the most common being a parent fact sheet on concussions and support group listings

BIA-NE's social media presence continued, with a total of **60 Facebook** posts and **43 LinkedIn** posts during the six-month period



Follower Engagement	Facebook (60 posts)	LinkedIn (43 posts)
Total Reach/Impressions	22,347	3,899
Avg. Reach/Impressions per Post	372	90
Total Likes/Reactions	7,49	43

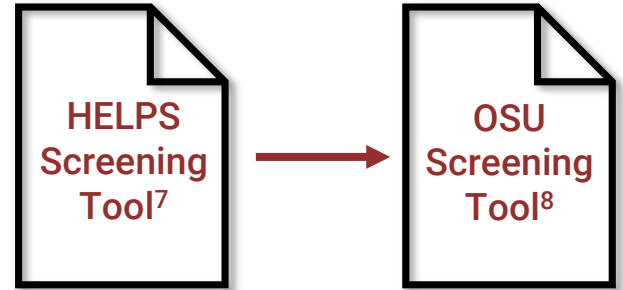
BIA-NE had an average of **10 Facebook posts per month** and **6 LinkedIn posts per month** during the six-month timeframe.

<sup>6</sup> The number of recipients by email varied based on the intended audience. Ten of the emails went to 188 while another 10 went to 5,452. There were also at least six emails that went to 7,516 individuals.

# PRIORITY 5

## Supporting Research

BIA-NA is collaborating with Dr. Kathy Chiou at the University of Nebraska – Lincoln. Dr. Chiou received IRB-approval to collect screening data, with the goal of studying the outcomes and prevalence rates to publish findings. In 2023, the BIA-NE and Dr. Chiou decided to transition from using the HELPS screening tool to the OSU screening tool.

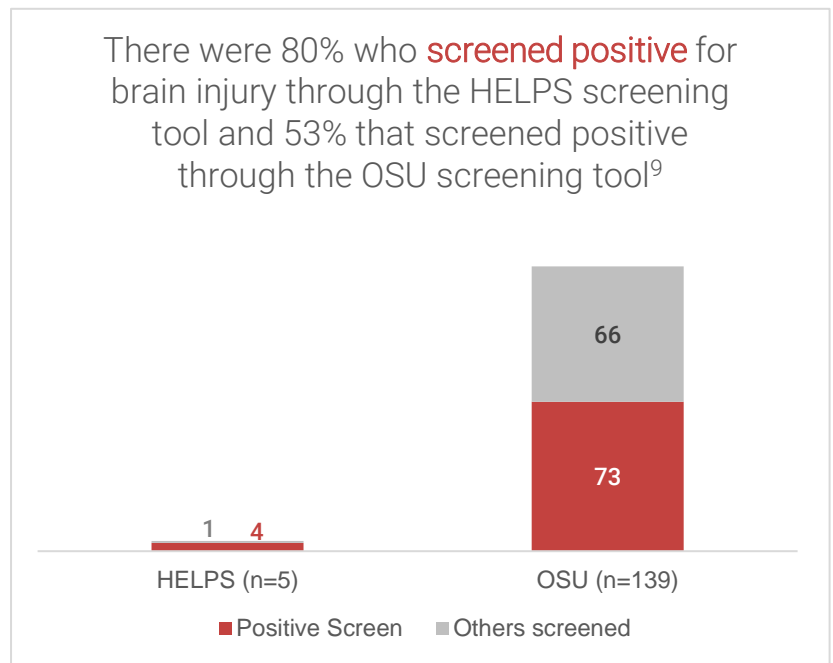


## 144 individuals

were screened for brain injury among 6 agencies between July and December 2023



There were 80% who **screened positive** for brain injury through the HELPS screening tool and 53% that screened positive through the OSU screening tool<sup>9</sup>



There were 6 agencies that were screening clients for brain injury between July and December 2023

Douglas County Youth Center  
Lancaster County Youth Center  
Lancaster Diversion Program  
Safe Center  
Sarpy County Juvenile Diversion  
South Central NE Area Agency on Aging

Omaha  
Lincoln  
Lincoln  
Kearney  
Papillion  
Kearney

Between Jan. and Aug. 2023, 222 youth were screened:

- 72.5% screened positive.
- The average number of potential injury incidents reported by each youth was 3.65

Between Jan. and Oct. 2023, 59 youth were screened:

- 86.4% screened positive for some sort of brain injury
- The average number of potential injury incidents reported by each youth was 5

<sup>7</sup> National Association of State Head Injury Administrators (n.d.). HELPS brain injury screening tool.

<https://www.nashia.org/resources-list/cdxvc5lq3q3ycesazm0wfyg9umxye>

<sup>8</sup> BrainLine (n.d.). Ohio State University TBI identification method. <https://www.brainline.org/article/ohio-state-university-tbi-identification-method>

<sup>9</sup> The higher percentage of positive screenings through the OSU tool is likely not due to differences in the tool but rather the population that is being screened.



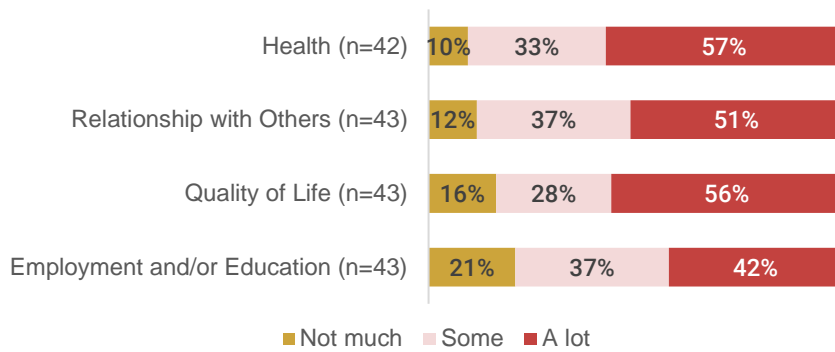
# PRIORITY 6

## Quality Improvement & Standards of Care



### Screening BIA-NE Clients for Adverse Childhood Experiences (ACEs)<sup>10</sup>

A majority of clients reported ACEs have **some** or **a lot** of impact in various areas of their life



**22 clients**

were screened for ACEs between January and May 2023 (Year 2)

**21 clients**

were screened for ACEs between July and December 2023

Average number of ACEs among clients screened



### Brain Injury Screening, Symptom Assessment & Training

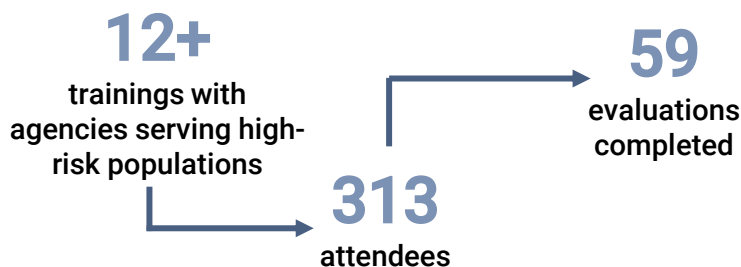
**2**

Agencies go beyond brain injury screenings to also assess symptoms and offer training to staff to better address challenges caused by brain injury

	I do not experience this problem at all	I experience this problem but it does not bother me	I can mildly tolerate this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
<b>MEMORY CONCERNS</b>					
Using an important telephone book (e.g., for medical records)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting what people tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting what I've read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using tools of mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting what I did yesterday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting things I've just learned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting meetings/appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting to turn off appliances (e.g., iron, stove)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>DELAYED PROCESSING</b>					
Struggle following conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering only one or two steps when someone is giving me instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### Understanding Brain Injury in High-Risk Populations



*The statistics and populations effected by brain injuries was very informational and made me think more in depth about the individuals I work with.*



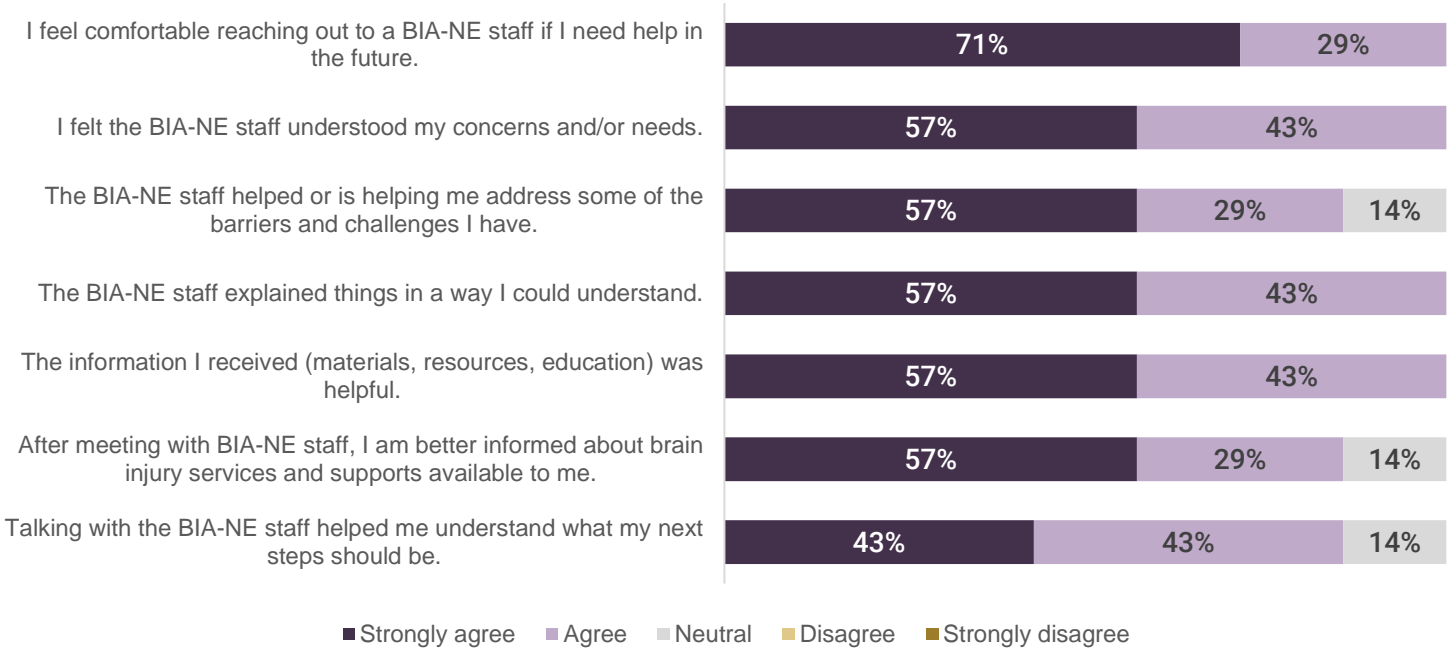
<sup>10</sup> Centers for Disease Control and Prevention (June 2023). Adverse Childhood experiences. <https://www.cdc.gov/violenceprevention/aces/index.html>

# PRIORITY 7

## Evaluating Needs

Of those who received a client satisfaction survey January 2024 (n=86), only seven completed it<sup>11</sup>

None of the survey respondents disagreed with any of the statements regarding their experience with the BIA-NE (n=7)



*The patience and understanding shown me by each person I spoke with. They all genuinely cared about my comfort, confidence, and self-esteem.*



**100%**

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



The most common ways survey respondents decided to reach out to BIA-NE was 1) having it be recommended by a medical professional and 2) having an individual with brain injury telling them about the organization

*Every time we had contact, I received great information and all of my questions were answered. We never had any non-productive contact.*

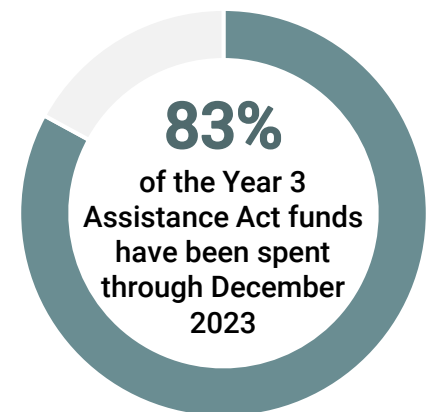


At least three BIA-NE staff members participate in the Brain Injury Data Workgroup. A focus during this time period was developing the data collection tools that will be used as part of the statewide brain injury needs assessment. In addition to reviewing the tools and providing input, BIA-NE staff identified individuals to pilot the individuals with brain injury survey to ensure it is user-friendly and will adequately evaluate needs.

<sup>11</sup> Client satisfaction surveys are sent to clients that have a closed case in the database within the previous six months and have not already received a survey. BIA-NE and PIE are exploring ways to increase the participation in the survey.

# BRAIN INJURY ASSISTANCE ACT SPENDING

	YEAR ONE July 2021 - June 2022		YEAR TWO July 2022 - June 2023		YEAR THREE July 2023 - Nov. 2023*	
<b>Total Funding:</b>	\$ 450,000.00		\$ 450,000.00		\$ 450,000.00	
<b>Use of Funding:</b>						
Payroll and Related Expenses	\$ 373,079	70%	\$ 484,488	74%	\$ 291,064	78%
Accounting and Auditing Fees	\$ 4,451	1%	\$ 5,645	1%	\$ -	0%
Consultants	\$ 47,107	9%	\$ 61,762	9%	\$ 27,266	7%
Advertising & Promotion	\$ 23,069	4%	\$ 23,447	4%	\$ 6,992	2%
Bank, Credit Card, and Investment Fees	\$ 989	0%	\$ 640	0%	\$ 528	0%
Software and Website Expenses	\$ 24,155	5%	\$ 7,757	1%	\$ 10,061	3%
Conferences and Meetings	\$ 731	0%	\$ 1,976	0%	\$ 1,552	0%
Dues & Subscriptions	\$ 7,407	1%	\$ 6,687	1%	\$ 675	0%
Program Events and Efforts	\$ 200	0%	\$ 7,045	1%	\$ 838	0%
Insurance	\$ 5,346	1%	\$ 9,592	1%	\$ 3,755	1%
Office Supplies and Expenses	\$ 11,494	2%	\$ 4,593	1%	\$ 4,965	1%
Postage, Mailing Service	\$ 126	0%	\$ 205	0%	\$ 54	0%
Printing & Copying	\$ 10,429	2%	\$ 2,889	0%	\$ 9,604	3%
Rent and Utilities (Telephone, Internet)	\$ 3,163	1%	\$ 4,982	1%	\$ 1,717	0%
Travel and Meals	\$ 9,009	2%	\$ 21,970	3%	\$ 11,422	3%
Professional Development/Training	\$ 12,772	2%	\$ 13,460	2%	\$ 2,463	1%
Miscellaneous	\$ 67	0%	\$ 882	0%	\$ 288	0%
<b>Total Use of Funding:</b>	\$ 533,594		\$ 658,019		\$ 373,244	
Underspent (Overspent)	\$ (83,594)		\$ (208,019)			



During the first two years, BIA-NE spent more than \$290,000 cumulatively of its own operating funds to supplement the work funded by the Brain Injury Assistance Act. Although the Brain Injury Assistance Act funds the majority share of the costs incurred under the program, demand for resources and assistance and the resulting costs exceed what the Act funds. To cover the additional costs, BIA-NE utilizes contributions from its donors and Medicaid Administrative Claiming (MAC) funding received under its relationship with the Aging and Disability Resource Center (ADRC), resulting in BIA-NE funding approximately 25% of the total program costs with its own operational resources.