

NOTICE OF PUBLIC MEETING

Notice is hereby given that a public meeting of the Brain Injury Oversight Committee will be held on February 18, 2022, from 1:00 to 3:00 PM and the meeting will be held by in person only. The meeting will be held at the Nebraska Health Care Association 1200 Libra Drive, Suite 100, Lincoln. 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.

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

BRAIN INJURY OVERSIGHT COMMITTEE MEETING AGENDA

Feb. 18th, 2022
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 of the previous meeting, December 3, 2021
- VII. Review of Committee Member Term Appointments and upcoming expirations
- VIII. LB-971 Post Hearing Update
- IX. FY2021 Brain Injury Trust Fund Recipient Update:
 - a. Brain Injury Alliance of Nebraska report on activities covering July 1st to December 31st 2021, guest speaker Liz Gebhart-Morgan
- X. Discussion of BI Trust Fund Application Process
- XI. Next meeting March 18th 1:30-3:30 PM virtual meeting
- XII. Adjourn

Brain Injury Oversight Committee Meeting
Dec. 3, 2021
12:00 pm to 2:00 pm
Meeting held:
Nebraska Innovation Campus Conference Center, Lincoln, NE

DRAFT MEETING MINUTES

Public notice of upcoming meetings will be available on the University of Nebraska Medical Center (UNMC) website <https://www.unmc.edu/aboutus/community-engagement/bioc/index.html> at least 10 days before each meeting.

MEMBERS PRESENT: Joni Dulaney, Anna Cole, Peggy Reisher, Shir Smith, Shauna Dahlgren, Dr. Kody Moffatt, Lindy Foley , and Caryn Vincent

MEMBERS ABSENT: Jeff Baker, Kevin Karmazin, Sheri Dawson, and Judy Nicholson

UNMC STAFF PRESENT: Mike Hrcirik

CALL TO ORDER

The meeting of the Brain Injury Oversight Committee commenced at 12:02 p.m.

ANNOUNCEMENT OF THE AVAILABILITY OF THE OPEN MEETINGS ACT

Public notification of this meeting was made on the UNMC website and Mike Hrcirik had copies of the open meeting act.

INTRODUCTIONS AND ROLL CALL

Shauna Dahlgren called on each committee member to introduce themselves.

AGENDA APPROVAL

The agenda was reviewed. Dr. Kody Moffatt moved to approve the agenda. Shir Smith seconded the motion, and the motion was carried by unanimous consent.

PUBLIC COMMENT

No public members were present.

APPROVAL OF PREVIOUS MEETING MINUTES

The minutes from the July 28, 2021, meeting were reviewed. A motion was made by Kody Moffatt and seconded by Lindy Foley to approve the July 28 meeting minutes. There were no objections to the motion, and it was carried by unanimous consent.

REVIEW OF COMMITTEE MEMBER TERM APPOINTMENTS AND UPCOMING EXPIRATIONS

Chair, Shauna Dahlgren stated that Peggy Reisher, Kevin Karmazin, and Judy Nicholson's terms were up in the middle of Oct. 2021. Shauna contacted the Governor's office to inquire when new appointments/reappointments would be made. The Governor's office stated individuals would have to

reapply if they want to be considered for a reappointment and they would take new applications for individuals not wanting to seek reappointment. Peggy completed her paperwork and submitted it. Kevin told Shauna he does not plan to request reappointment. Judy sent an email to the committee on Nov. 21 stating she needs to step down due to health issues and officially resigned from the committee. Shauna, asked Judy to follow-up also with the Governor's office since she had completed the reappointment application. Shauna asked the Attorney General's office how the committee should handle expired terms and they told her that members with expired terms should continue to serve until reappointment or replacement members are chosen by the Governor.

If individuals are interested in applying to be on the committee, they need to submit their application to the Governor's office at <https://governor.nebraska.gov/board-comm-req>.

UPDATES ON BRAIN INJURY TRUST FUND APPROPRIATIONS

The Attorney General's office informed Shauna that the 2020 Brain Injury Trust Fund dollars were not appropriated in the DHHS budget although it was legislated for the funds to be available yearly for the Brain Injury Trust Fund. Caryn Vincent states she will take this to leadership within DHHS and find out what needs to be done to appropriate the dollars, so UNMC has them available for the Brain Injury Trust Fund Committee to disperse.

UPDATES TO UNMC AND BRAIN INJURY OVERSIGHT COMMITTEE CONTRACTS

Mike and Shauna reviewed the draft contract between UNMC and the Brain Injury Oversight Committee. Dr. Kody Moffatt moved to approve the contract. Shir Smith seconded the motion, and the motion was carried by unanimous consent.

REVIEW OF REIMBURSEMENT PROCESS FOR COMMITTEE MEMBERS TRAVEL EXPENSES

Mike and Shauna reviewed the reimbursement handouts and how to complete them. Mike will add information and reimbursement forms on the website at <https://www.unmc.edu/aboutus/community-engagement/bioc/index.html>. Once members fill out the forms, they are to email them to the committee chair who will send all forms to the appropriate individuals within DAS and Mike. If members need any accommodations, which include but are not limited to personal accommodations or/and hotel accommodations, they should contact the committee chair for assistance.

SUBCOMMITTEE REPORT ON EVALUATION AND OUTCOME MEASURES

Peggy Reisher reviewed the Brain Injury Trust Fund Legislation Data Matrix which was included in the meeting handouts. Committee members stated they liked how each of the trust fund priorities was laid out and had an evaluation metric assigned to each priority. Committee members stated they would like a narrative and budget report from BIA-NE in the 1st and the 3rd quarters of 2022.

DISCUSSION OF BI TRUST FUND APPLICATION PROCESS

Shauna Dahlgren has gathered sample applications for which the committee can review and develop an application process for the distribution of the next set of funds. Those participating in the meeting who stated they would be willing to help Shauna were Anna and Mike.

NEXT COMMITTEE MEETINGS

The committee decided to schedule the next five meetings so members could get them on their calendars. Those meetings are as follows:

- Jan. 21 1:00 to 3:00 in person
- Feb. 18 1:00 to 3:00 in person
- March 18 1:30 to 3:30 virtually
- April 15 1:00 to 3:00 in person
- May 20 1:00 to 3:00 in person

ADJOURN

No motion was made to adjourn the meeting but it did adjourn at 1:51.

Meeting minutes submitted by Peggy Reisher, Brain Injury Oversight Committee Secretary

BRAIN INJURY ALLIANCE OF NEBRASKA

TRUST FUND REPORT

Abstract

Legislative Bill 481 adopted the Brain Injury Trust Fund Act, which created a fund with seven expenditure priorities. The Brain Injury Alliance (BIA-NE) of Nebraska received the initial year of funding. This report summarizes progress within each of the seven priority expenditures.



Resource Facilitation (RF)

Resource facilitation shall be given priority and made available to provide ongoing support for individuals with a brain injury and their families for coping with brain injuries. Resource facilitation may provide a linkage to existing services and increase the capacity of the state's providers of services to individuals with a brain injury by providing brain-injury-specific information, support, and resources and enhancing the usage of support commonly available in a community. Agencies providing resource facilitation shall specialize in providing services to individuals with a brain injury and their families.

Progress

Prior to having the Trust Fund dollars, the Brain Injury Alliance of Nebraska (BIA-NE) had two Resource Facilitators for a total of 1.5 FTE. Both were in the eastern part of Nebraska but served the entire state.

In September and October 2021, three new Resource Facilitators started with the BIA-NE to expand RF services. The additional staff allows the **BIA-NE to have five full-time Resource Facilitators**, all of whom have lived experience with traumatic brain injury. Each Resource Facilitator serves a primary geographic area, in part to ensure the Resource Facilitator is knowledgeable about community resources available within those counties (see Appendix A). However, all Resource Facilitators can continue to serve any client throughout the state.

"I didn't understand what a huge impact a TBI would have on everything. Prior to meeting with Peggy, I didn't know what TBI meant. Phone calls with Peggy gave me a greater understanding of how TBI has a connection with everything, including anxiety, depression, and overall mood. This opened up a whole new world for me and I could better understand."

Resource Facilitation Client Satisfaction Phone Interview Participant

Based on information in the BIA-NE database, **at least 96 clients received RF services** between July 1 and December 31, 2021. Of those, 83 are new clients while the remaining individuals were already connected with a Resource Facilitator. A majority of all clients served during the timeframe were receiving a moderate level of engagement from their Resource Facilitator (Intake & Referral). These are clients that are receiving more than just one call but aren't necessarily receiving case management from the Resource Facilitator.

Since July 2021

83

new clients have received Resource Facilitation services from the BIA-NE

Between July and December 2021, **at least 258 referrals were documented to new clients** to connect them to additional resources and supports. There were also two existing clients who received a referral during that time period, though this is likely an under-reported number. For additional information regarding the clients receiving RF during the six-month period, see the "January 2022 Resource Facilitation Data Summary Report."

At least

258

referrals were provided to new clients between 7/1/21 and 12/31/21

To continue facilitating relationships with existing clients receiving case management or intake & referral support, a total of 497 were identified for Resource Facilitators to contact. Beginning in January 2022, staff will reconnect with those clients to 1) introduce the Resource Facilitator for that geographic area and 2) identify if the client has any needs or questions that the RF help address. The goal is to complete this effort by early June 2022 to include the results and have final data updates on RR services for the July Trust Fund report.

In November and December, BIA-NE worked collaboratively with Schmeckle Research to develop a data collection and universal language guidance document for all Resource Facilitators. The document outlines the “need to have” data elements for clients and also provides universal language and definitions of each data field to ensure consistency with data collection. A process was also outlined to ensure RFs can capture resources that are provided to other organizations to support their clients. This will also ensure that referrals are also consistently being documented for existing clients.

Key Highlights:

- Staffing for Resource Facilitation (RF) more than doubled for the BIA-NE.
- At least 96 individuals received RF between 7/1/21 and 12/31/21. Among those, 83 were new clients.
 - This number of people receiving RF is expected to increase given the addition of new Resource Facilitators.
- More than 258 referrals were provided to 54 of the new RF clients.

Moving forward, the BIA-NE will enhance this legislative priority by:

- Having Resource Facilitators utilize the new data collection and universal language guidance document to consistently track engagement with clients. This includes entering all contacts the RFs have with a client and tracking support or referrals provided to clients being served by other organizations.
- Utilizing the database to plan for regular follow-up calls with clients. Clients will now receive a call from a Resource Facilitator 6 weeks, 6 months, and 12 months following the initial intake.

Training for Service Providers

Voluntary training for service providers in the appropriate provision of services to individuals with a brain injury

Progress

One of the key goals for this priority area is to provide professional development opportunities to service providers so they not only have an increased awareness and understanding of brain injury, but they also have the capacity to better assist individuals who have had a brain injury. This ideally can lead to systems change, where there is more capacity within the community and among organizations for serving individuals with brain injury.

Between July 1 and December 31, 2021 there were:



*evaluations were used in 17 of the 35 trainings

Among those who attended trainings and completed an evaluation form – some of whom may be duplicate participants as some attended more than one training – **a majority were professionals who worked with individuals with a brain injury** (see Figure 1). However, there were some individuals who also indicated they had a brain injury or were a family member of an individual with a brain injury.

Most of the professionals who attended the training – again, some of whom may be duplicate – noted on their evaluation forms that they **were in law enforcement or within a medical profession** (see Figure 2). This is likely due to the evaluations conducted with the three-part series supported by the Nebraska Medical Association as well as a Crisis Intervention Training for police officers and first responders.

“I didn’t realize that most mild TBIs couldn’t be seen on a scan. As an EMT we don’t always get to hear how our patients turn out after we are gone, so it definitely helps me be more aware.”

Participant from 9/7/21 Training



Figure 2: Most Common Professions in Attendance at BIA-NE Trainings

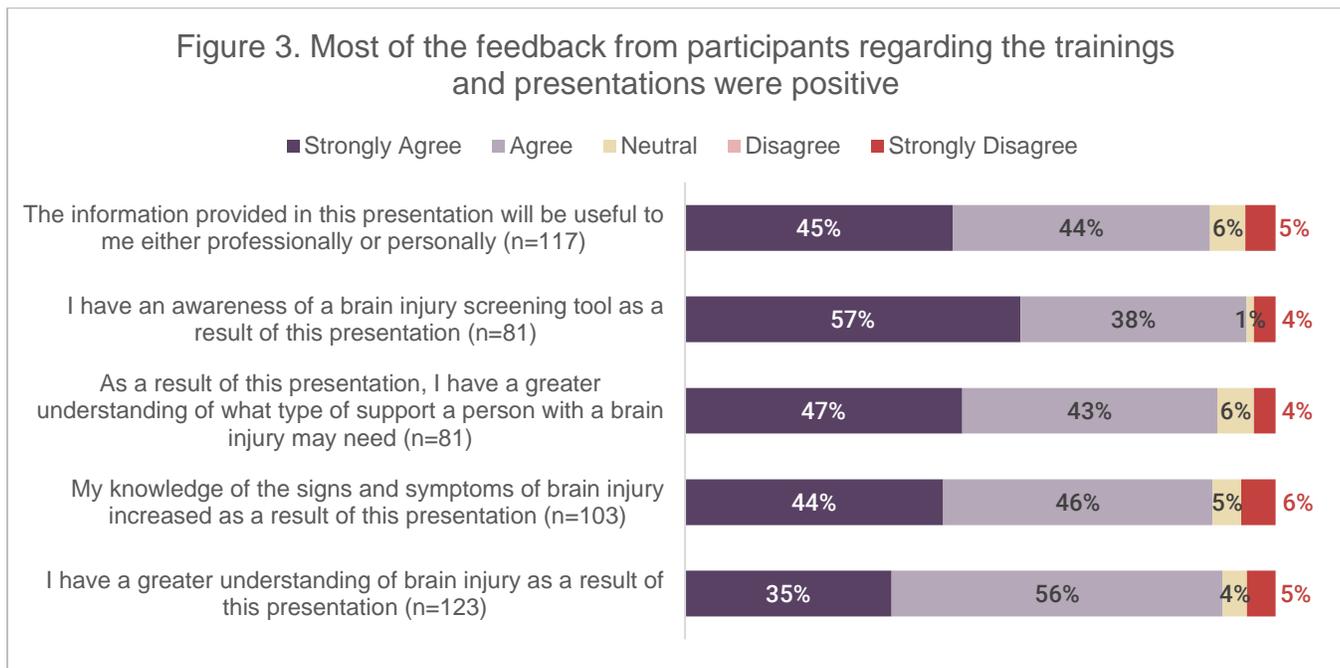
Profession	Total #
Law Enforcement	39
EMT	31
Nurse	31
Social Worker	15
Physical Therapy	12
School Nurse	9
Counselor	4

Particularly with the use of virtual trainings, the BIA-NE was able to **reach at least 23 Nebraska counties**.¹ Among those, 34% were from Lancaster County, 23% were from Douglas County, and 12% were from Sarpy County. There were also attendees from Iowa and Minnesota. A majority (90%) of the 171 individuals who indicated their race/ethnicity on the evaluation were white.

Results from the evaluation indicate that **participants now have a greater understanding of the brain injury screening and the type of support a person with a brain injury may need** (see Figure 3). The “strongly disagree” responses came from the same four individuals and may have been a data entry error given the positive open-ended feedback included with their evaluations.

“Honestly, all of it [was beneficial]. The correlations and statistics were really eye opening.”

Participant from 9/17/21 Training



Key Highlights:

- There have been 635 people in attendance at the 35 trainings offered by BIA-NE.
- Among those who completed an evaluation form, 89% found the information useful either professionally or personally.

Moving forward, the BIA-NE will enhance this legislative priority by:

- Having Resource Facilitators identify and offer additional training opportunities. After they make connections with organizations through community outreach, presentation or training could be conducted to enhance their capacity for supporting individuals with a brain injury.

¹ Counties included: Buffalo, Butler, Cass, Chase, Cheyenne, Cuming, Dakota, Dixon, Dodge, Douglas, Dundy, Gage, Harlan, Keith, Lancaster, Lincoln, Otoe, Page, Polk/Platte, Sarpy, Saunders, Scotts Bluff, and Valley.

Brain Injury Registry Follow-up

Follow-up contact to provide information on brain injuries for individuals on the brain injury registry established in the Brain Injury Registry Act

Progress

Within the BIA-NE database, Resource Facilitators can indicate how clients initially heard about the BIA-NE or who they were referred by initially. The BI Registry Letter is one of the 30 response options available, though only one of the options can be selected per client.

According to the Nebraska VR, no registry letters were sent during this six-month reporting period. However, **among the 83 new clients served by Resource Facilitation, two indicated they were referred by the TBI Registry Letter.** As noted, however, RFs can only indicate one referral source per client in the database. As a result, there may be additional clients that learned about the BIA-NE through the TBI Registry Letter.

Looking at aggregate data from the database, among 905 client records that have a referral source recorded, 101 (11%) are for the BI Registry Letter.² While it is not an overly common source, it is anticipated that once registry letters are sent again, Resource Facilitators will be a resource should individuals need follow-up or support. The 2020 TBI Registry report noted the average number of TBI cases per year between 2015 and 2019 was 13,850.

Key Highlights:

- Among the 83 new clients receiving Resource Facilitation, 2 indicated they heard about the BIA-NE through the BI Registry Letter.
- About 11% of all clients in the database reported that they heard about RF services through the BI Registry Letter.

Moving forward, the BIA-NE will enhance this legislative priority by:

- Participating in a workgroup through Nebraska Vocational Rehabilitation. The workgroup, focused on utilizing data, will identify ways to better link data sources to better understand the demographics of individuals on the registry. This may also provide an opportunity to identify additional outreach that could be done with individuals on the TBI Registry to ensure they know where to get the support and resources they need.

² Data validation is still being done on previous client records so the number being reported may not be a final one.

Public Awareness

Activities to promote public awareness of brain injury and prevention methods

Progress

Beyond Resource Facilitation (RF), another key task of BIA-NE staff is increasing public awareness about brain injury and prevention methods. Staff track their efforts through a Community Outreach Tool, where six different types of engagement opportunities are monitored.

During the six-month time period, **at least 312 unique opportunities** were tracked by BIA-NE staff (see Figure 4). The most common type of outreach was for referral source building. This is an opportunity for BIA-NE staff to meet with organizations that serve clients that could also benefit from BIA. For example, outreach was done to a variety of community-based organizations and Area Agencies on Aging.

In fact, with the addition of new Resource Facilitators, **the BIA-NE substantially increased their outreach to organizations that could benefit from Resource Facilitation** (see Figure 5). Prior to hiring the new Resource Facilitators, the BIA-NE averaged about 6 referral source building opportunities a month. This increased to an average of 42 opportunities a month. It is important to note, however, that over time this number will likely decrease. The intent of Resource Facilitators conducting outreach is to ensure clients can be referred to RF services. As they take on additional clients, less time will be focused on public outreach.

It is important to note that the referral source building counts reflect the total number of meetings, so some may have occurred with the same organization. Beginning January 2022, the BIA-NE will track the

Figure 4. Referral source building was the most common type of community outreach among BIA-NE staff

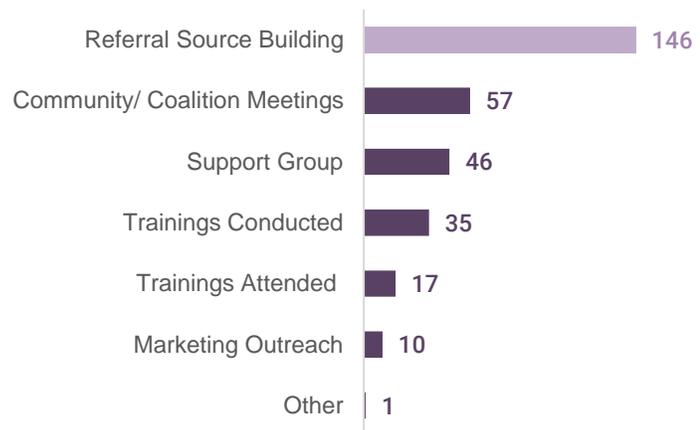
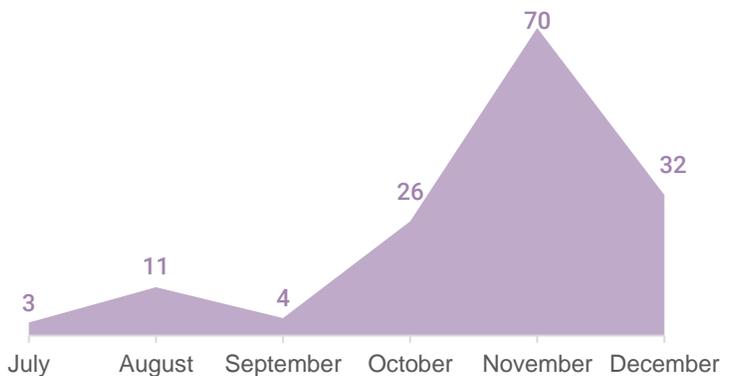


Figure 5. Most of the outreach for building referrals to BIA-NE and Resource Facilitation occurred in November (n=146)



“Our office was blessed with a visit today! MenDi and Shir stopped in to meet us! What a relief! Both gals are wonderful and I do believe we have some things we can work together on!”

Aging & Disability Resource Center (ADRC) Options Counselor

unique number of organizations that BIA-NE is working with to facilitate referrals as well as how many follow-up meetings are needed to cultivate a partnership where referrals are occurring. The most common referral building opportunities, however, tend to occur with medical providers, law enforcement, behavioral health programs, domestic violence providers, and other social service agencies. It is also anticipated that the geographic reach of the outreach efforts will expand with the addition of RFs

All of the engagement opportunities also allow staff the opportunity to share various resources, with the RF Brochure being the most common (see Figure 6). When possible, the attendance at various community outreach opportunities is reported as well. This helps provide a sense for how many individuals may have increased their awareness of the BIA-NE, brain injury, or other resources. Data collected through the Community Outreach Tool indicate that more than 2,000 people were in attendance with BIA-NE staff (see Figure 7). Some of these individuals may be duplicate, as there could be recurring people at coalition meetings, training, and/or support groups.

Beyond community outreach, marketing and promotional efforts were also enhanced during the fall after a new marketing and events coordinator was hired in October. While there was a lull in communications in September and October, efforts resumed in November. In fact, **the percentage of individuals who opened the e-newsletters sent out by BIA-NE increased in the second half of the reporting period** (see Figure 8). On average, 2,024 individuals receive the e-newsletters, which not only highlight ways people can get involved and client stories, but also what other brain injury organizations at the local, state, and national level are doing.

Figure 6. Resources Provided through Community Outreach

Materials Provided	# Events
RF Brochure	127
Guide to Brain Injury	46
Other*	38
BI Screening Tool	36
BIA Information Card	21
ADRC Brochure	0

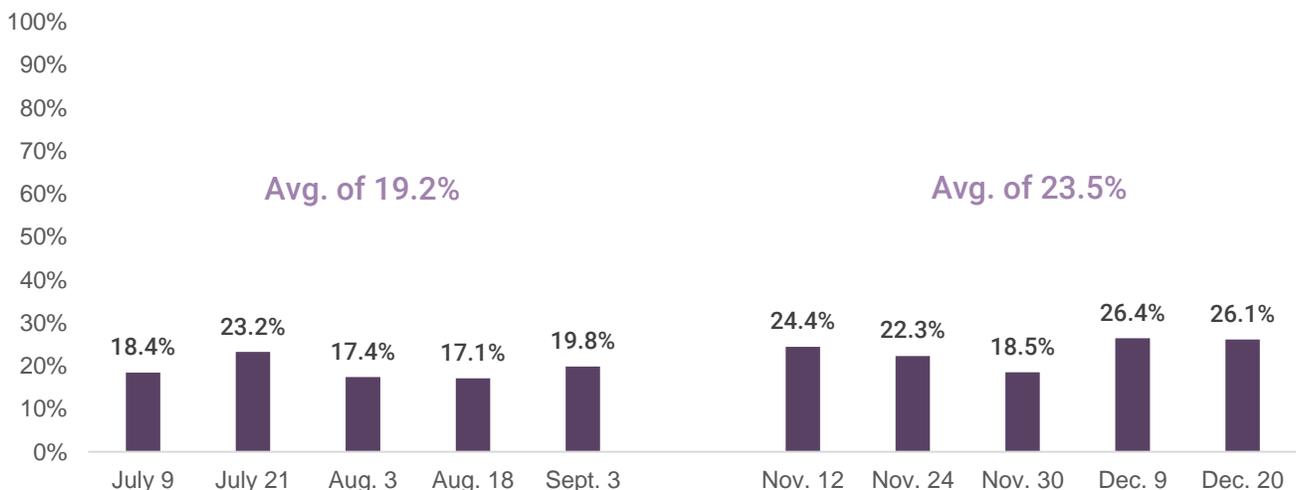
*Other includes business cards, flyers and resource lists

Figure 7. Number of People in Attendance with BIA-NE

Community Outreach	# People*
Support Groups	266
Trainings Conducted	635
Coalition Meetings	1240
Marketing Outreach	193

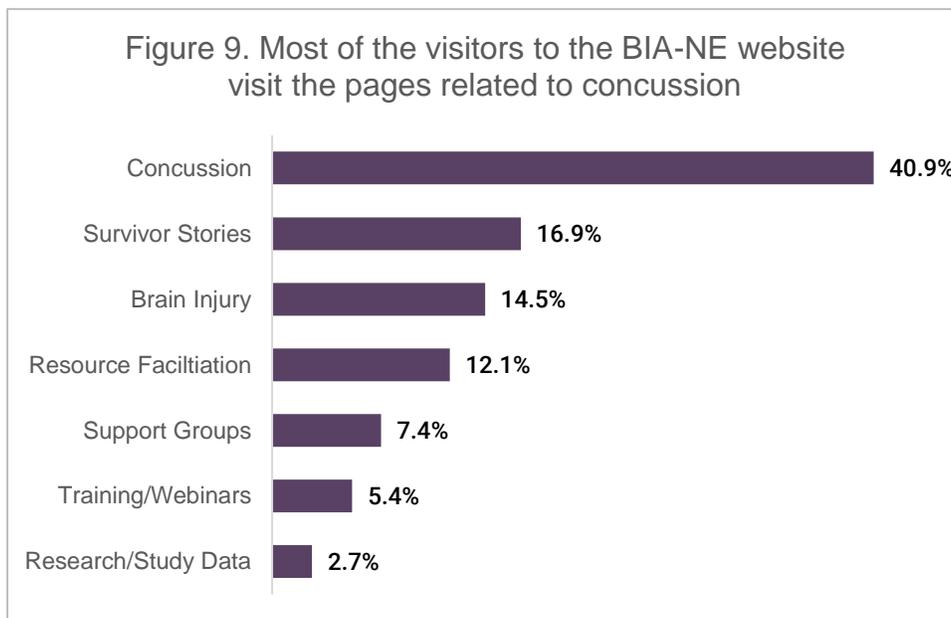
*May include duplicate individuals if people attended more than one event

Figure 8. Initially an average of 19.2% of people opened the BIA-NE newsletters, though by the fall that increased to an average of 23.5%

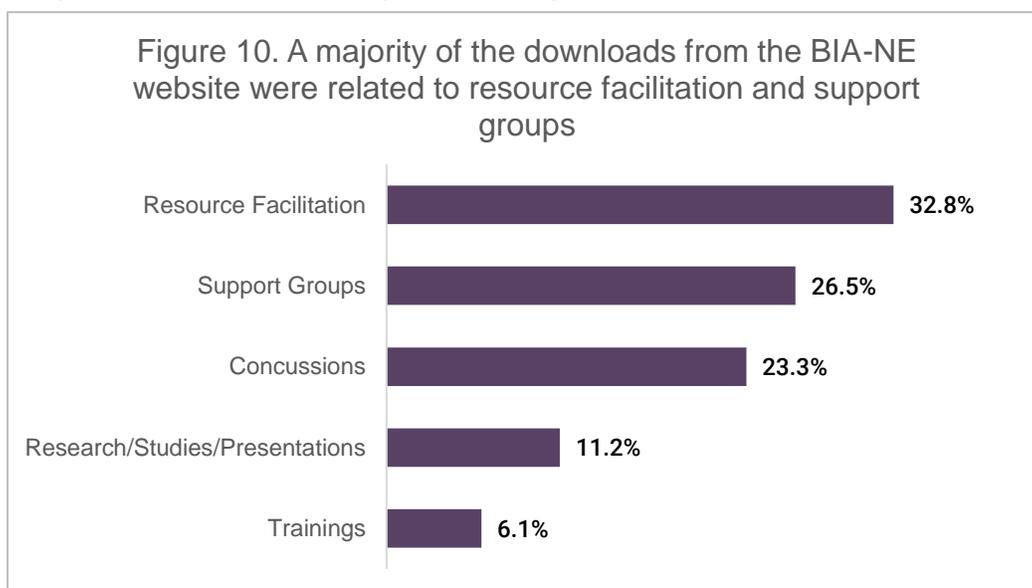


The website is also a consistent way the BIA-NE can promote public awareness. According to the website analytics, there were **5,166 unique visitors to the website** between July 1, 2021 and December 31, 2021. Among those, about 16% were returning visitors. About half of the total site visitors (52%) arrived on the website through a search while an additional 35% went to the website by typing in the URL directly.

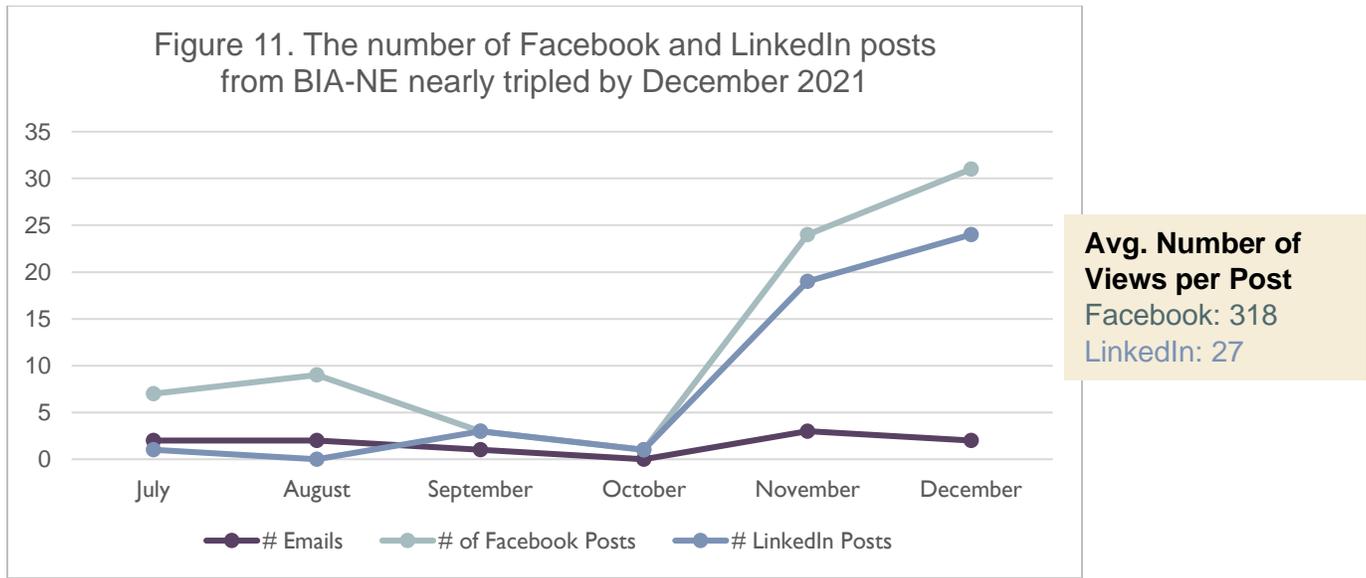
Once at the BIA-NE’s website, a majority of the visitors access the information related to concussions, and more specifically the page that outlines the signs and symptoms of a concussion (see Figure 9). For those who visit the webpage related to brain injury, slightly more than half (61%) are seeking information about abusive head trauma and shaken baby syndrome.



A variety of resources are also available for download on the BIA-NE website. From July 1, 2021 through December 31, 2021, **a total of 472 files were downloaded**. The most common download was the Nebraska Support Group listing (125 total), followed by a fact sheet for high school parents related to concussions (85 total). While Resource Facilitation was the most common category for downloads, some of those files included a guide to working with individuals with a brain injury, the HELP Brain Injury Screening Tool, and the resource guide (see Figure 10).



While the reach through emails and the website was relatively consistent, **the amount of Facebook and LinkedIn posts nearly tripled** from the start of the reporting period to the end (see Figure 11).



Posts were categorized by topics to better capture which were focused on increasing awareness of brain injury. While a majority of the posts were related to the BIA-NE as an organization, there were also posts related to educational opportunities and raising awareness (see Figure 12 and 13).

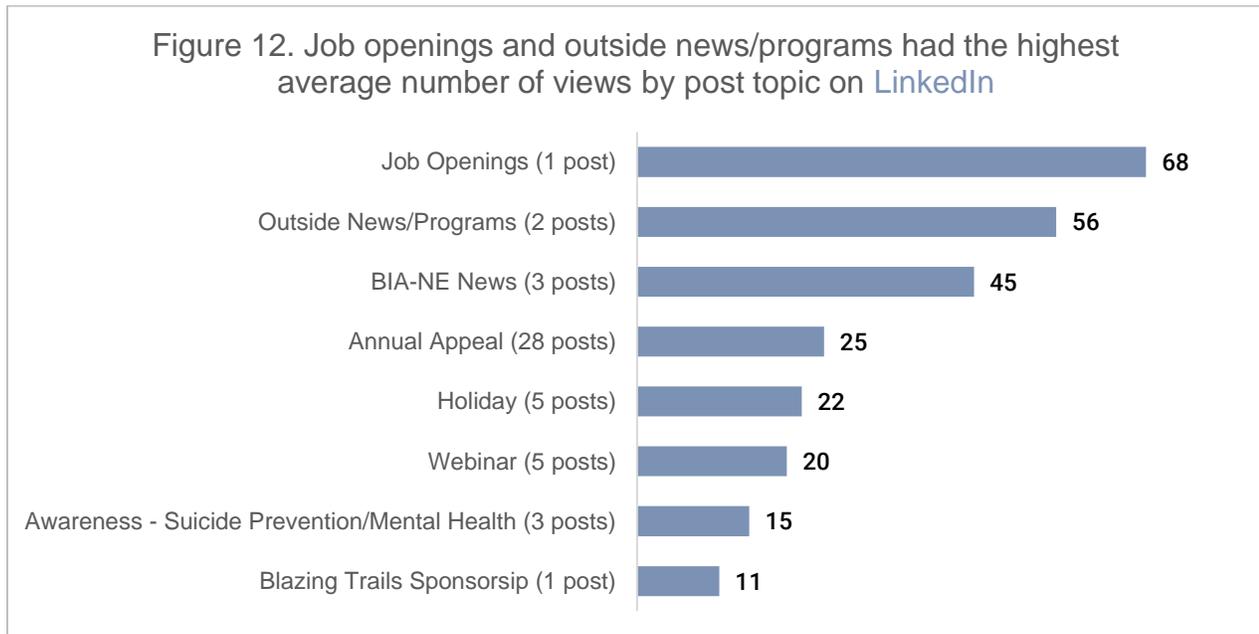
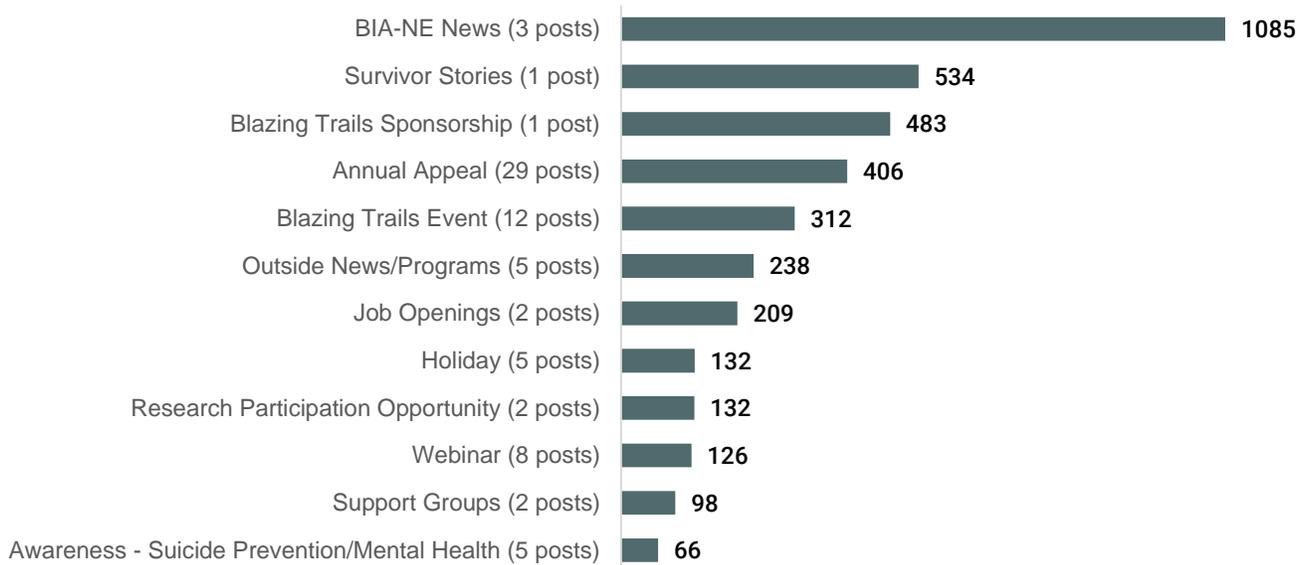


Figure 13. BIA-NE news and survivor stories had the highest average number of views by post topic on Facebook



Key Highlights

- At least 312 community outreach opportunities were reported through the Community Outreach Tracking Tool.
 - Outreach to agencies to build referrals to BIA-NE nearly tripled with the addition of Resource Facilitators to the staff
- An average of 2,024 people received e-newsletters from the BIA-NE
 - The open-rate of the e-newsletters increased between July/August and November/December.
- The amount of Facebook and LinkedIn posts doubled with the new marketing and special events coordinator.

Moving forward, the BIA-NE will enhance this legislative priority by:

- Refining the data collection for the Community Outreach Tracking Tool. This will include the development of a guidance document to ensure all BIA-NE staff are reporting information consistently.

Supporting Research

Supporting research in the field of brain injury

Progress

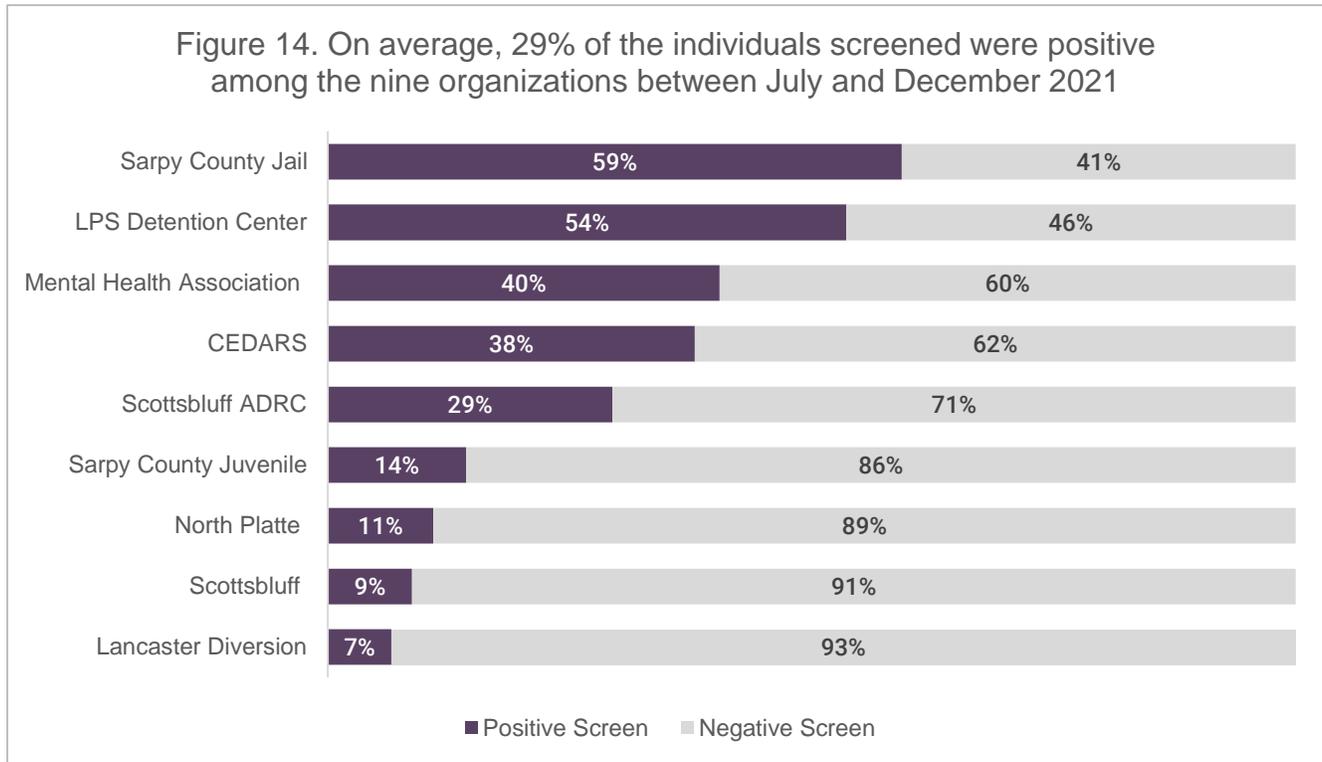
There are two ways that the BIA-NE works to support research in the field of brain injury. The first approach includes promoting and sharing research, whether they are opportunities for individuals to participate in research or as a way for the BIA-NE to share findings from recent studies. From July 1, 2021 through December 31, 2021, there were **two key research opportunities that were highlighted through the BIA-NE** email as well as a Facebook post. One included an opportunity to participate in a stroke outreach project with the University of Nebraska at Kearney and another included a virtual study through the Kessler Foundation.



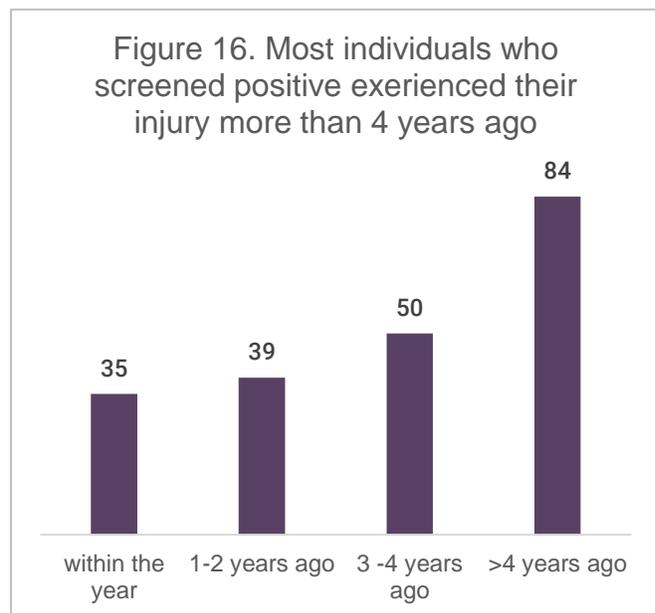
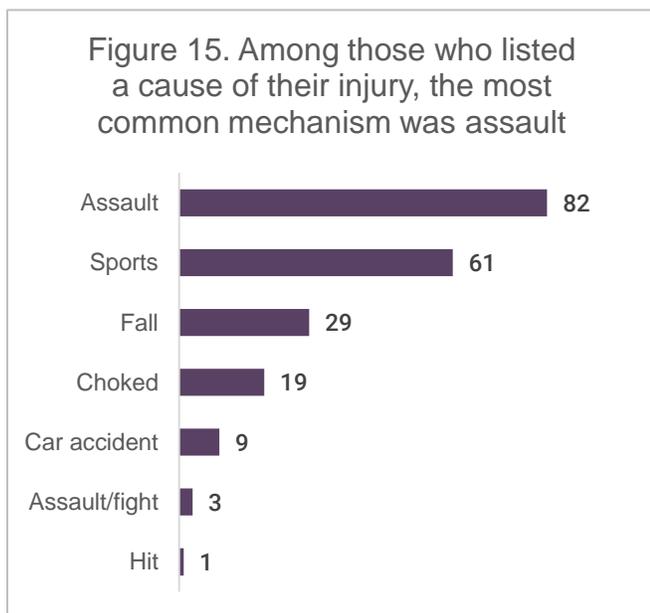
The second way the BIA-NE supports research is through a collaboration with Dr. Kathy Chiou at the University of Nebraska-Lincoln. Dr. Chiou received IRB-approval to collect screening data in conjunction with the BIA-NE, with hopes of publishing the data and findings. Currently there are ten programs that serve high-priority clients that conduct screenings for brain injury:

- Friendship Home
- Nebraska Mental Health Association
- CEDARS
- Family Services in North Platte
- Sarpy County Jail
- Sarpy County Juvenile
- Lincoln Public Schools Pathways Program at Lancaster Youth Detention Center
- Lincoln/Lancaster County Youth Diversion Program
- Scottsbluff Youth Diversion Program
- Scottsbluff Aging & Disability Resource Center (ADRC)

Screening data collected is sent to Dr. Chiou for analysis. From July through December 2021, there were a total of 397 screenings conducted. Data from nine of the ten agencies indicates that among those, 288 (72.5%) reported receiving a blow to the head and 130 (33%) screened positive for brain injury. The percentage of positive screens did vary by organization (Figure 14).



Coded results regarding how the individuals were injured indicate that a majority experienced their brain injury through assault (see Figure 15). It is also interesting to note that many individuals experienced their injury three or more years ago (see Figure 16). Based on the screening tool results, 87 individuals received medical attention.



Additional data collected through the screening tool will allow for research regarding symptoms (both at the time of the injury as well as currently being experienced), medical attention, and the number on injuries.

Beyond supporting this legislative priority, having programs screen for brain injury enhances other BIA-NE efforts. In addition to being able to refer those individuals to Resource Facilitation services should they need additional support, the organization can also have increased awareness about the individuals who have experienced a brain injury.

Key Highlights

- Two opportunities for people to participate in research were promoted through BIA-NE's outreach efforts.
- Ten organizations – many of which serve high-risk populations – currently screen their clients for brain injury. Screening data is sent to Dr. Chiou for analysis and research opportunities, providing more insight on the impact and prevalence of brain injury.
 - At least 397 screenings were conducted between July and December 2021. Among those individuals, 33% screened positive for brain injury.

Moving forward, the BIA-NE will enhance this legislative priority by:

- Participating in a data workgroup for the Nebraska VR. A focus of that group is to identify potential studies and data linkage opportunities to better understand the prevalence and demographics of people with TBI in Nebraska. This should aid in the research being done in Nebraska around brain injury.
- Continuing to promote the screening tool during presentations and trainings with the goal of getting more organizations interested in using it with their clients.

Brain Injury Service Standards of Care

Providing and monitoring quality improvement processes with standards of care among brain injury service providers

Progress

Similar to research, the BIA-NE is able to help provide and monitor quality improvement (QI) processes related to standards of care among brain injury service providers in one of two ways. The first is by providing support and resources to organization, particularly around screenings. Agencies doing screenings are better able to identify which clients have a brain injury. Once they recognize there is the potential for brain injury, they can then modify the ways in which they work with that individual and make accommodations as needed. They can also connect those individuals to a Resource Facilitator who can assist them with getting connect to brain injury specific services and supports.

The second is through training opportunities, which were highlighted as part of Priority 2. As noted, many of the participants in trainings and presentations are professionals who work with those who have a brain injury. **Among those 107 survey respondents (some of whom may be duplicate), all but 5 agreed or strongly agreed that the information was presented would be useful to them either professionally or personally.**

During the report period, the most pertinent training related to standards of care was a three-part series offered in partnership with the Nebraska Medical Association (NMA), Bryan Health and St. Elizabeth. Webinars were offered on Sept. 7, Sept. 28, and Oct. 19 as a targeted professional opportunity for medical providers to increase their understanding of brain injury. Professionals who attended also had the opportunity to gain continuing education units (CEUs). Results from the evaluation indicate that **the presentations were helpful with helping participants understand how to support patients in the management of their brain injury following a clinic or hospital visit.**

In addition to the traditional 60 to 90 minute trainings, BIA-NE partnered with Dr. Kathy Chiou at UNL to provide a 6-week psych-educational curriculum for staff of the Mental Health Association of Nebraska (MHA-NE). Rather than being lecture-based, this interactive training allowed participants to learn more about brain injury and have in-depth discussions about their personal journey with brain injury or that of those with whom they have worked. The curriculum included the following modules:

1. Understanding the TBI and Symptom Recognition
2. Memory Skills and Goal Setting
3. Emotional Regulation
4. Communication Mastery TBI and Anger: Identification, Options and Understanding
5. Why is Stopping and Thinking Important?

“The in-depth case study was awesome and really gave a perspective about how symptoms can be missed, difficulty advocating and getting treatment, what both family and the individual go through, and also the great outcomes that can happen when brain injury is treated properly.”

Sept. 7 Training Participant

“Listening to the treatment plans and suggestions from the MD's was very helpful and something that I can definitely integrate into my nursing practice when caring for patients with brain injuries.”

Sept. 7 Training Participant

There were eight participants who attended the July and December 2021 sessions, six of whom completed the evaluation. Results from the aggregate evaluation report (n=25) indicate that nearly all attendees agreed that they have a greater understanding of brain injury as a result of the modules and that they have a great understanding of what type of support a person with a brain injury may need. All 25 respondents agreed that they would recommend the modules to others with brain injury or those who live or work closely with an individual with a brain injury.

"I was intrigued by the screening tool and having that be available for us to use."

Participant from
12/20/21 Training

In November, two modifications were made to the training/presentation evaluation form. One as the addition of a question about whether participants would have the opportunity to use the brain injury screening tool with individuals they work with through their professions.

While only 19 individuals have responded to the question so far, 74% noted that they would. For those that indicated they would not or were not sure, the reason was due to their profession. Two noted they did not have much engagement in the community while a third individual noted they were not sure if their agency would allow it.

The other change was allowing participants to include contact information if they 1) wanted to be added to the BIA-NE's email list and/or 2) wanted the BIA-NE to follow-up with them on any questions or additional resources. To date, 10 people wanted to be added to BIA-NE's email list and 18 people included their contact information so the BIA-NE could reach out to them following the training.

Key Highlights

- Nearly all training attendees who completed an evaluation agreed that the presentations were useful to them either professionally or personally and that they have a greater understanding of brain injury as a result of the opportunity.

Moving forward, the BIA-NE will enhance this legislative priority by:

- Continuing to identify training opportunities, particularly for professionals who engage with populations who may have experienced brain injury.
- Providing additional support and technical assistance to organizations who are using the screening tools to enhance their care of individuals with a brain injury. Results from the BI Modules evaluation indicate that having a better understanding of brain injury can change the way people serve those with brain injury. The BIA-NE plan to engage with organizations using the screening tool to further identify what their staff may need to do differently.

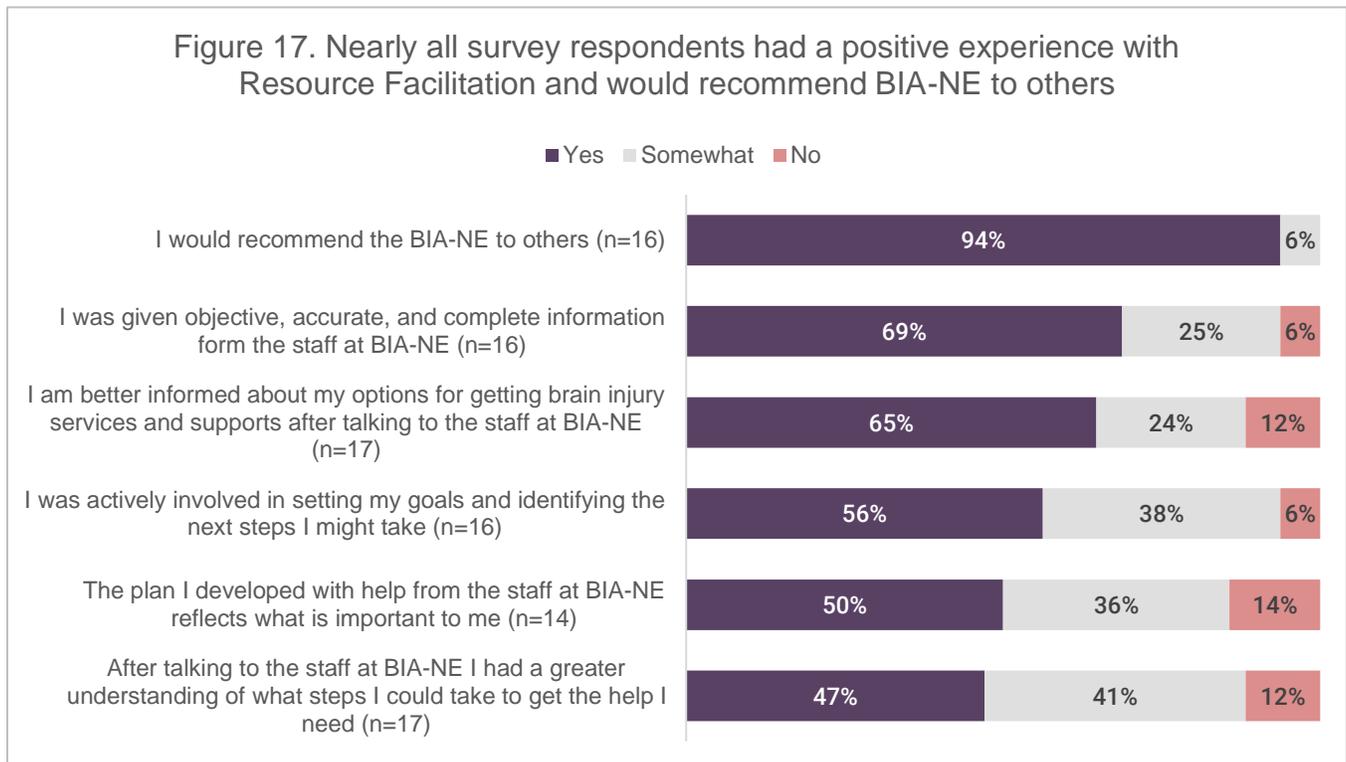
Evaluation of Services

Collecting data and evaluating how the needs of individuals with a brain injury and their families are being met in this state

Progress

In partnership with a graduate student conducting her capstone, the BIA-NE disseminated a client satisfaction survey in late October 2021 to individuals who have received Resource Facilitation services. Only clients who 1) were served within the last three years and 2) were listed as receiving case management or intake and referral were contacted. A total of 119 people received the survey and 18 responded (15% response rate). Among the 18 who responded, 5 noted they were someone with a brain injury while 10 indicated they were a family member or caregiver for someone with a brain injury. Three did not respond to that question.

A majority of the survey respondents were satisfied with the services they received from the BIA-NE (see Figure 17). The areas where there wasn't as much agreement – such as whether the client developed a plan with help from the staff and was actively involved in setting goals – may have been due to the wording of the question. Modifications will be made the survey when it is used in the future to better capture the engagement the client had with the Resource Facilitator.



There were also 7 individuals who agreed to participate in interviews to further describe their experience with RF. Four themes were identified through the interviews:

1. Clients have a hesitancy to reach out to the alliance after an injury
2. BIA-NE staff go above and beyond, despite the time of day
3. Clients requested more follow-up from staff
4. Clients would appreciate having RFs cover basic information, such as terminology, at the beginning of their engagement

Results from the survey allowed the BIA-NE staff to identify opportunities to enhance their service. As a result of the feedback, RFs will be more proactive with 1) sending follow-up documentation to clients regarding next steps and 2) schedule recurring check-in calls to reach out to clients more regularly. The latter will also provide an opportunity to continually be assessing barriers and unmet needs that clients may have.

The other way the BIA-NE monitors need of individuals with brain injury is through Resource Facilitation. The barriers that clients are experiencing are discussed with the Resource Facilitator and documented in the database. Among the 82 new clients that were served from 7/1/21 – 12/31/21, the most common barrier was related to recreation. More specifically, clients had limited socialization (n=28) and lack of funds (n=11). There were also communication/interpersonal barriers, with the top one being a distressed support system (n=26). The most commonly noted challenge, though, was under physical and mental health, where 31 individuals had a barrier with not receiving neurorehabilitation.

When possible, Resource Facilitators aim to help clients minimize their challenges, either through direct support or referrals to other organizations. Among the 82 new clients, seven are receiving case management from the Resource Facilitator. There were also 258 referrals provided to clients. See the “January 2022 Resource Facilitation Data Summary Report” for additional details regarding RF clients and services during the report period.

Key Highlights

- There were 18 clients who completed a satisfaction survey regarding their experience with Resource Facilitation. Nearly all agreed they would recommend BIA-NE to others.

Moving forward, the BIA-NE will continue to evaluate its services through:

- Conducting the client satisfaction survey every six months to new clients. The survey will be revised based on the capstone project to ensure relevant feedback is captured for the BIA-NE to identify any quality improvement opportunities.
- Ensuring more engagement with clients. Based on the results from the 2021 client satisfaction survey, clients would appreciate having more outreach from the Resource Facilitator. Beginning in January 2022, regular check-in calls will be scheduled between the Resource Facilitator and client to review needs, barriers, and progress.
- Enhancing data collection and analysis efforts in the BIA-NE database. As noted, beginning in January 2022, RFs will utilize a data collection and universal language guidance document. This ensures the RFs are capturing updates from clients in a consistent manner. Analysis can then be done to see how many barriers were addressed by the RFs, either through referrals or other resources.

Overall Implementation

The BIA-NE will continue to monitor efforts to address each of the seven priority expenditure areas. A variety of next steps were identified by the BIA-NE to enhance internal efforts and collaboration with other organization.

By the end of December 2021, about 49% of the budget for the Trust Fund dollars allocated for July 1, 2021 through June 30, 2022 had been spent (see Appendix B). Most of the funding has gone toward payroll, not only with the addition of new Resource Facilitators, but also the staff time needed for orienting the Resource Facilitators and ensure the foundation is in place to ensure quality services (see Figure 18). The time needed from other BIA-NE staff should dissipate in time.

Most of the other budget items are still on the right track. While more than half the budget has been spent on office expenses and contracted services, only 17% of the advertising and travel/meals budget have been spent (see Figure 19).

Figure 18. About 66% of the budget for payroll and related expenses has been spent

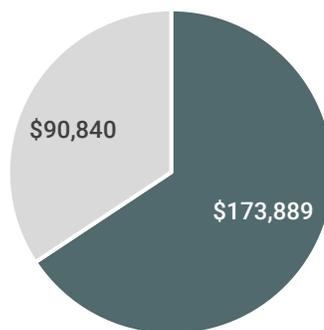
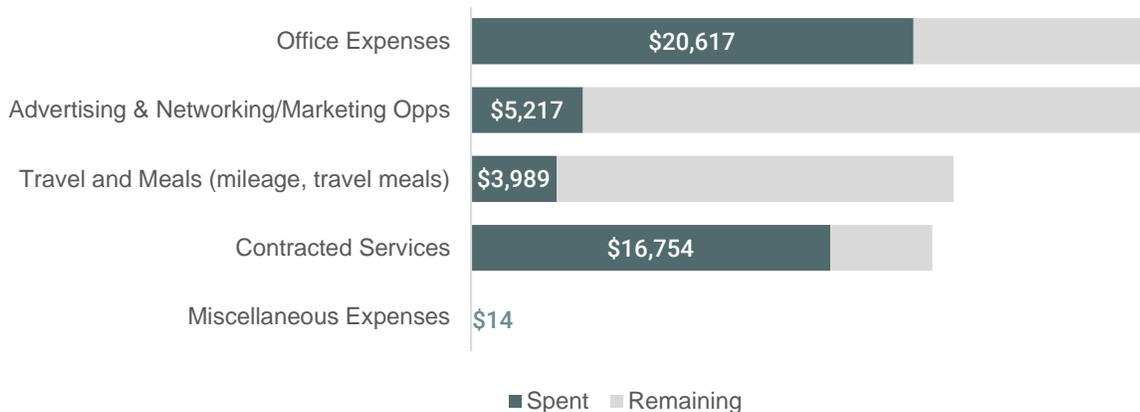


Figure 19: While more than half the budget for contract services and office expenses have been spent, only 18% of travel and advertising have been spent

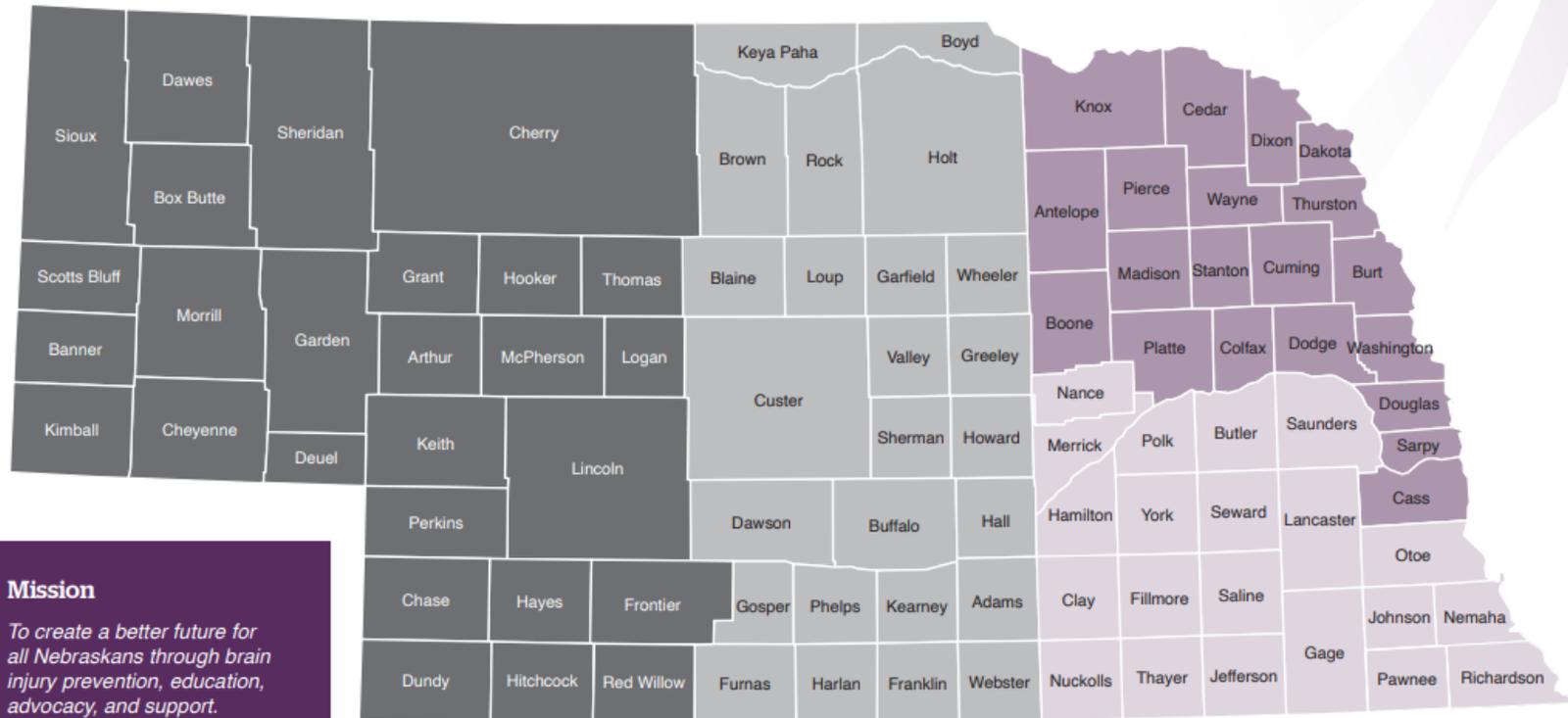


Appendix A



Created 12.7.21

Resource Facilitation Program Map by Region



Mission

To create a better future for all Nebraskans through brain injury prevention, education, advocacy, and support.

Resources & Information

- Visit BIANE.org
- Call: 402-423-2463
Toll-free: 844-423-2463
- Connect with us on:
Facebook or **LinkedIn**

- Western Nebraska** - Shir Smith, 402-683-0754, shir@biane.org • MenDi McCuiston, 402-683-0712, mendi@biane.org
- Central Nebraska** - Sheila Kennedy, 402-683-0717, sheila@biane.org
- Omaha Metropolitan Area and Northeast Nebraska** - Chris Stewart, 402-890-7126, chris@biane.org
- Lincoln Metropolitan Area and Southeast Nebraska** - Gina Simanek, MA, LMHP, 402-683-0715, gina@biane.org

Appendix B

Brain Injury Alliance of Nebraska

Trust Fund Budget vs. Actuals for July 2021 - June 2022

	Budget	Actual (July 2021 - Dec. 2021)	Percentage of Budget
Income			
Deposit in July 2021	\$ 450,000	\$ 450,000	
Expenses			
Payroll and Related Expenses			
Payroll	\$ 259,429	\$ 160,476	62%
Staff Professional Development	\$ 5,000	\$ 8,131	163%
Insurance	\$ 300	\$ 5,283	1761%
Contracted Services			
Consultants for Strategic Growth	\$ 15,000	\$ 14,699	98%
Evaluation Services	\$ 6,500	\$ 1,066	16%
Bank and Credit Card Fees	\$ -	\$ 989	Not budgeted
Office Expenses			
Software, Website, Office Supplies Expenses	\$ 10,710	\$ 12,446	116%
Postage, Mailing Services	\$ 4,500	\$ 68	2%
Printing & Copying	\$ 11,250	\$ 6,281	56%
Utilities (Telephone, Internet)	\$ 5,294	\$ 1,211	23%
Dues & Subscriptions	\$ -	\$ 610	Not budgeted
Advertising & Networking/Marketing Opps	\$ 31,500	\$ 5,217	17%
Travel and Meals (mileage, travel meals)	\$ 22,500	\$ 3,989	18%
Miscellaneous Expenses	\$ -	\$ (14)	Not budgeted
TOTAL EXPENSES:		\$ 220,452	
Unspent		\$ 229,548	51%



Resource Facilitation Data Summary

January 2022 Report

Clients Served from July 1, 2021 – December 31, 2021

Overview

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

There are three levels of RF:

Information & Referral	Intake & Referral	Case Management
This is generally a one-time interaction or engagement where individuals can get answers to their questions and potentially receive a referral to another organization or service. A common example of the Information & Referral support are the hotline calls made to the BIA-NE.	At this level of engagement, the Resource Facilitator is considered the point person or the point contact within the BIA-NE. Families and individuals reach out to the Resource Facilitator when needed to navigate resources and gain a better understanding of the impacts of brain injury.	This is the most intensive level of RF where people develop a personalized plan that includes setting goals, monitoring progress, and evaluating outcomes. These are generally for clients that need more than just resources or referrals to another organization.

This report provides a **summary of Resource Facilitation Services offered from July 1, 2021 through December 31, 2021**. Through September 2021, there were only 1.5 FTE Resource Facilitators for the BIA-NE. In October, three additional staff were hired, and the part-time Resource Facilitator was brought on full-time. This brought the capacity for RF services up to 5 FTE to serve Nebraska.

During this time period, the BIA-NE also worked collaboratively with Schmeckle Research to develop a data collection and universal language guidance document for Resource Facilitators. This will enhance the data quality and provide a more accurate description of RF services provided, primarily by ensuring:

1. All encounters with clients are documented in the database. This allows the BIA-NE to 1) get a more accurate representation of how many existing clients received RF services during a reporting period and 2) better capture the amount of interaction that Resource Facilitators have with clients.
2. Client data is entered within a week of being served by a Resource Facilitator. As some of the date fields in the database are auto-populated based on the current day's date, this will provide more real-time and accurate data regarding services and engagement.
3. Support and referrals that Resource Facilitators offer to other organizations on behalf of their clients can be documented in a consistent manner. That information will now be tracked at the organization level in the database rather than having the Resource Facilitator create separate client files for individuals who may not be receiving support directly from the Resource Facilitator.

BIA-NE will continue reviewing and confirming previously entered data to ensure it is in alignment with the new data collection standards. By the July 2022 Trust Fund report, a more robust update on the reach and impact of Resource Facilitation should be available.

Clients Served

Resource Facilitators began using the BIA-NE database in July 2016, which allows them to track client information and engagement in a secure system that all Resource Facilitators can access. **Since data entry began in July 2016, roughly 790 clients have received support from Resource Facilitators.**¹ Prior to July 2021, Resource Facilitators did an average of 79 client intakes during a six-month time period.

From July 1 through December 31, 2021, at least 96 individuals received Resource Facilitation.² A majority of those clients were new for the BIA-NE (see Figure 1). The amount of RF provided by BIA-NE is anticipated to increase with the addition of new Resource Facilitators to the BIA-NE and updated guidance on how to capture ongoing client engagement in the database.

A majority of the clients (74%) served during the six-month time period were receiving a moderate level of involvement from the Resource Facilitator (see Figure 2). This proportion is somewhat consistent with the cumulative data in the database, where more than half (57%) of the 790 clients served were receiving Intake & Referral. It is important to note, however, that the number of people who received Information & Referral services is likely under-represented by these numbers, as Resource Facilitators often provide resources to other organizations who need brain injury related information or referrals for their clients. That information has not been tracked consistently in the database but will begin January 2022.

Clients receiving RF can indicate how they heard about or were referred to RF services. There are 30 response options, though only one option can be selected per client.³ Among the clients served between July and December 2021 (n=95), there

AT LEAST
96 PEOPLE
RECEIVED RESOURCE
FACILITATION BETWEEN
7/1/21 AND 12/31/21.²

Figure 1. A majority of the clients served through RF between 7/1/21 and 12/31/21 were new (n=96)

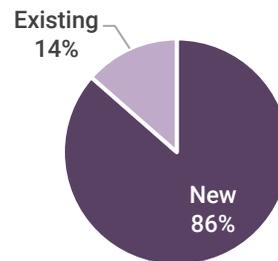
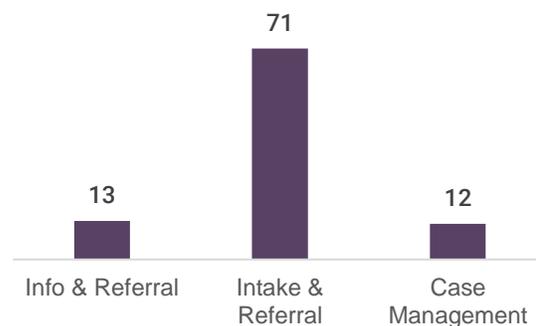


Figure 2. About 75% of clients served between 7/1/21 and 12/31/21 received Intake & Referral services (n=96)

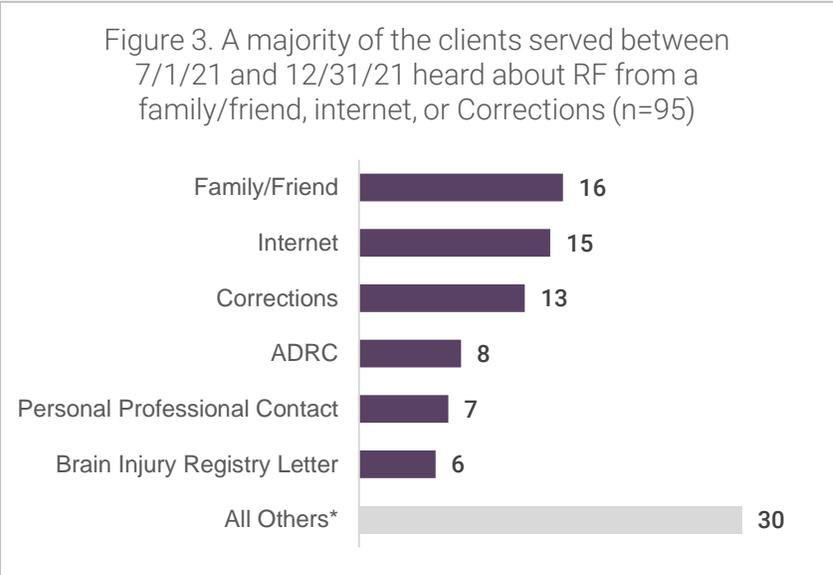


¹ This is a preliminary number as data is being validated following the creation of the data collection and universal language guidance document. This value does not include 1) client folders that have unknown or missing names, as those were often individuals served through other organizations or 2) professionals that had individual folders in the database. That accounts for an additional 113 people.

² This includes individuals who 1) had a client folder created in the database between 7/1/21 and 12/31/21 and/or 2) had a call with the Resource Facilitator between 7/1/21 and 12/31/21 documented in the database.

³ The following are the response options for how a client heard about RF services: ADRC, Agency on Aging, BI Registry Letter, Counselor, Clinic, Corrections, DHHS, Domestic Violence Shelter, Early Development Network, ER, Friend/Family, Hospital – Lincoln, Hospital – Omaha, Human Services Org., Internet, League of Human Dignity, LTC Community, Madonna – Lincoln, Madonna – Omaha, Media, National, Other, Out of Home Placement, Personal Professional Contact, QLI, Rehab, School, Support Group, Unknown, VA, and VR Nebraska.

were six referral sources that had more than 5 individuals indicate that was how they heard about RF (see Figure 3). It is interesting to note, however, that during this reporting period, no TBI Registry letters were sent out by Nebraska Vocational Rehab given the delays with obtaining the data from the Nebraska Hospital Association. Perhaps as a result, only two new clients reported hearing about RF through the Brain Injury Registry Letter. There remaining individuals were already clients with the BIA-NE.

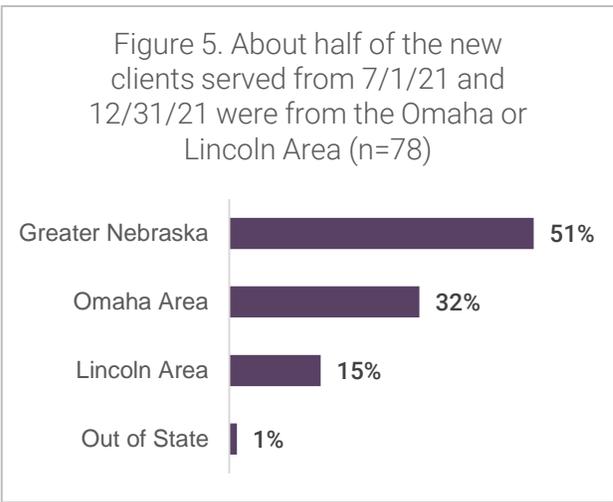
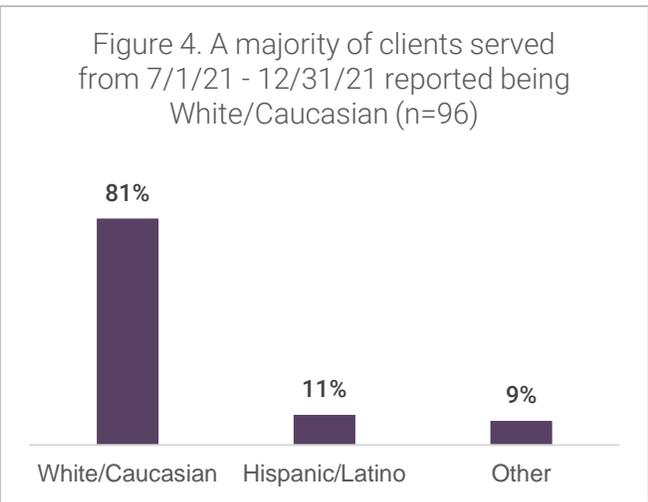


Client Demographics

Among the 96 clients served from July through December 2021, there was almost **an even split between genders** – 53% reported being male and 47% reported being female. In terms of race and ethnicity, a majority of clients receiving RF reported as being White/Caucasian (see Figure 4).

Among the 83 new clients, 78 had information regarding their geographic location in the database. While one individual was from Iowa, the remaining **clients resided in 22 different counties across Nebraska**. More than half of the new clients were outside of the Omaha area (defined as being in Douglas or Sarpy County) and Lincoln area (defined as being in Lancaster or Seward County), as shown in Figure 5. Among those who were outside of Lincoln and Omaha, a majority (22%) were located in the North Platte Area.

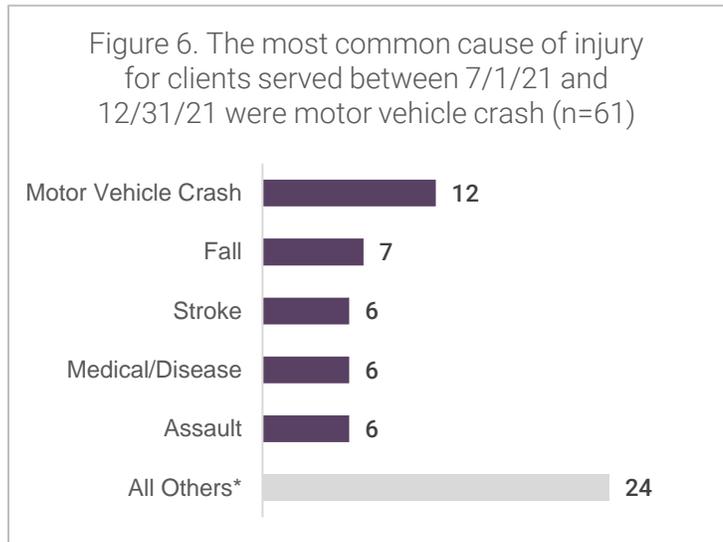
PEOPLE FROM
22 COUNTIES
RECEIVED RESOURCE
FACILITATION BETWEEN
7/1/21 AND 12/31/21.



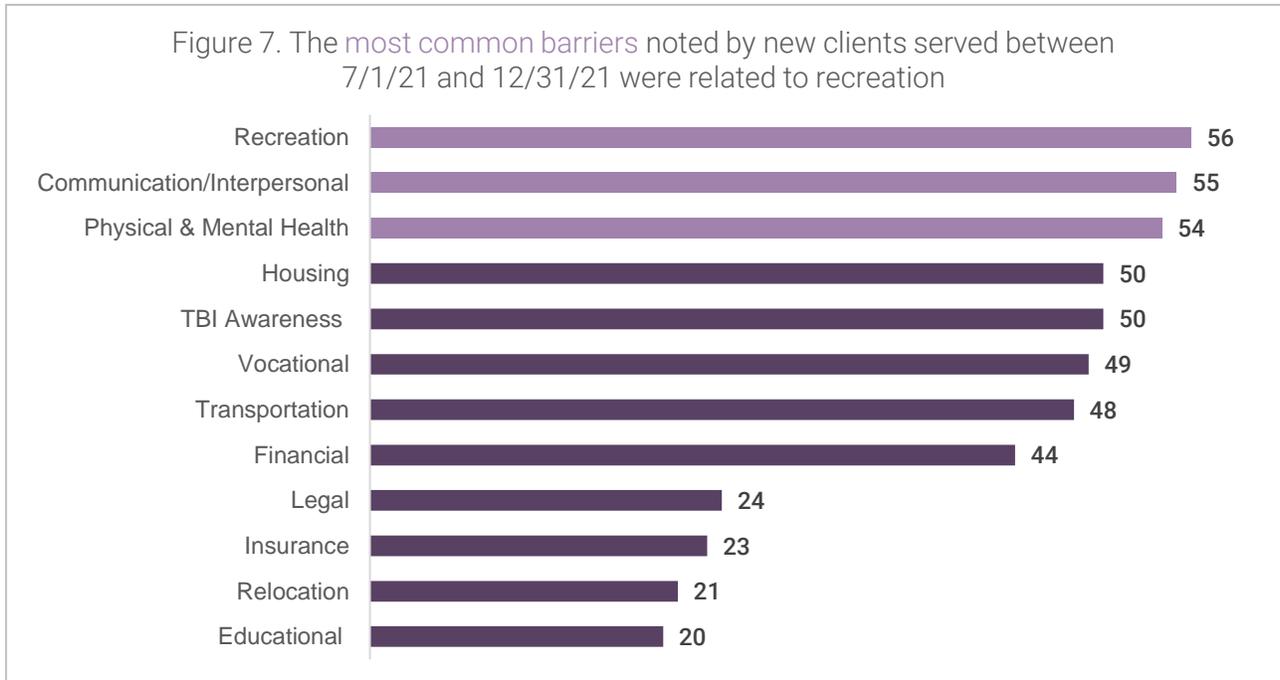
Client Injury & Impacts

There are 20 causes of injury listed in the database.⁴ Each client can select more than one cause of injury if applicable, along with the date of that injury. Among the new clients, 64 (77%) had a cause of injury recorded in the database. While three of those were listed as “unknown,” the remaining 61 clients only had one documented cause of injury. The **most common cause of injury among new clients was motor vehicle crash** (see Figure 6).

When entering the cause of injury, the Resource Facilitator can also record the date of injury. Some dates may not be exact, however. If the client only knows the year or the age they experienced their injury, the date is entered in for that year under January 1. The injury date was included for 61 clients. **About one-third (38%) of those individuals had an injury date listed in 2021.** There were 13 clients (21%) who had an injury date prior to 2000.



Within the database there are 12 categories of barriers that clients may experience because of their brain injury. Among the 83 new clients served between July and December 2021, **the most common barriers noted were related to recreation, communication/interpersonal, and physical and mental health** (see Figure 7).



⁴ The following are the response options that can be selected to denote the cause of a client’s injury: Anoxia, Assault, ATV – all terrain vehicle, Bicycle, Military Combat/Active Duty, CVA – cerebral vascular accident, Domestic Abuse, Fall, Gunshot, Medical/Disease, Motorcycle, Motor Vehicle Crash – car accident, Other, Pedestrian, Suicide Attempt, Shaken Baby Syndrome, Sports/Rec, Stroke, Tumor, Unknown.

Within each of the 12 categories of barriers, the Resource Facilitator can denote what the specific challenge or obstacle is related to that barrier (see Appendix A for full list of barriers by category). Half of the clients who indicated “recreation” was a barrier, for example, had the specific challenge of limited socialization (see Figure 8).

Figure 8: Specific Challenges Noted Among the Top Three Barrier Categories

Barrier Category	Specific Barrier	# of Clients
Recreation <i>(noted by 56 people)</i>	Limited Socialization	28 (50%)
	Lack of Funds	11 (20%)
Communication/Interpersonal <i>(noted by 55 people)</i>	Distressed support system	26 (47%)
	Behavior/Anger issues	23 (42%)
Physical & Mental Health <i>(noted by 54 people)</i>	Not receiving neurorehabilitation	31 (57%)

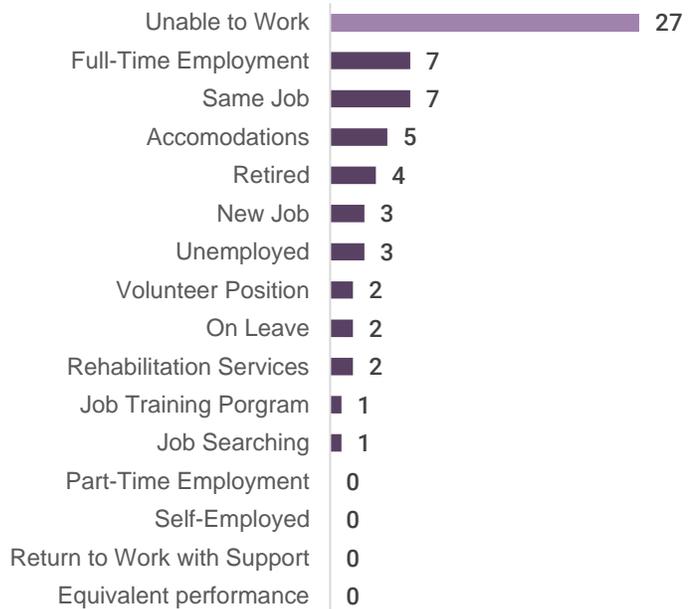
Beginning in 2022, Resource Facilitators will schedule regular check-in calls with the clients to review the barriers again. In future reports, any changes in barriers – particularly for those that denoted there was a successful outcome – will be analyzed. This will also be linked backed to the notes about each client to determine in what ways the Resource Facilitators were able to assist with addressing the barriers.

Client Employment & Finances

There are 16 categories in the database that describe the client’s employment. More than one response option can be selected, and this can be updated throughout the Resource Facilitator’s engagement with the client. Of the 54 new clients served during this reporting period that had an employment listed, **a majority of those were listed as being “unable to work”** (see Figure 9)

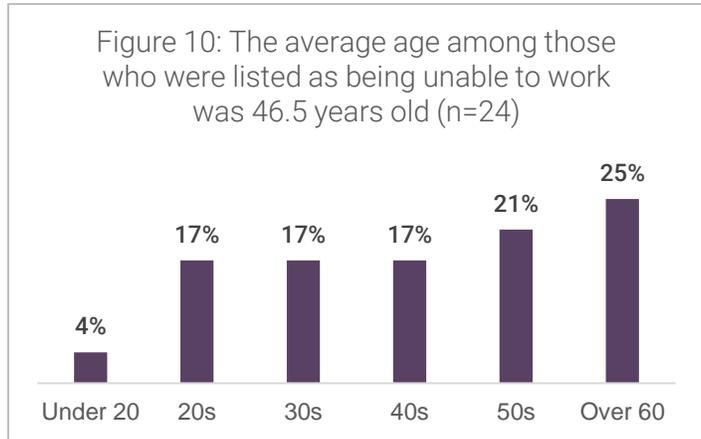
With the new data collection and universal language guidance document, definitions were provided for each employment response option. Selecting “unable to work” in the future would indicate that the client would not be able to work at all as a result of their injury, such as not being able to performance normal functions or being able to get through the workday. Unemployment, on the other hand, could be not having employment due to a variety of reasons, which could be person (such as not wanting to lose benefits), having a poor job market, etc.

Figure 9. Among new clients served between 7/1/21 and 12/31/21 with employment information in the database, a majority of them reported being 'unable to work'



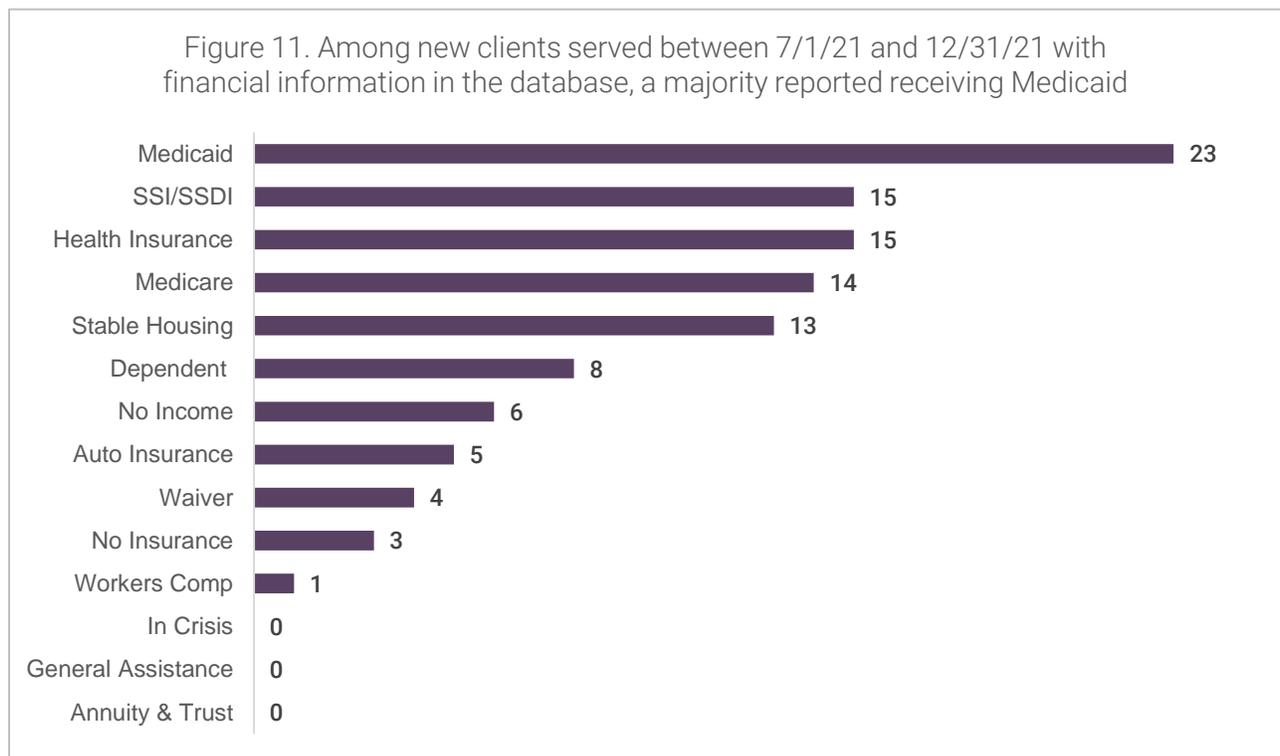
Among those who were marked as being unable to work in the database, nearly all had a recorded date of injury. About 31% (n=8) sustained their injury in 2021. Four individuals experienced their injury prior to 2000. Additionally, there were 24 of the 27 clients that had their cause of injury documented. **The most common cause among those who were unable to work (33%) was a motor vehicle accident.**

The age for those who were listed as unable to work also varied. There were 24 of the 27 clients with a date of birth, and calculations were done in excel to determine the current age of those clients. The average age among the 24 clients was 46.5 years old (see Figure 10).



All 27 of the individuals received referrals from the Resource Facilitator. In fact, on average, each person received up to five referrals. Nearly all (85%) were received to Brain Injury Basics, while the next most common referral (67%) was to a neuro resource. The next set of common referrals included a medical specialist, support group, housing, waiver and neuropsych. One referral was provided to Nebraska VR and two were referred for educational support.

Similar to the employment, a section within the database allows the Resource Facilitator to document what type of financial supports a client has. More than one option can be selected, and among the 54 clients that had financial information reported, a majority noted they had Medicaid (see Figure 11).



Referrals for New Clients

Among the 83 new clients, 54 received at least one referral from a Resource Facilitator during the reporting period. All but five clients received more than one referral. In fact, the average number of referrals per person was 4.6. Each of the 19 referral options were offered during that time period, with the most common being basic education on brain injury (see Figure 12). In total, 258 referrals were provided to the 54 clients.

Figure 12. Referrals Provided to new Clients Between July 1, 2021 and December 31, 2021

Referrals	# Clients Referred
Brain Injury Basics	45
Neuro Resources	35
Medical Specialist	26
Neuropsych	26
Support Group	24
Housing	16
Waiver	14
Peer Support	11
Legal	10
County/Local Resource	9
SSI/SSDI	9
Case Management	8
Counseling	8
Other	6
Nebraska VR	4
School Support	4
VA	1
Churches	1
Website	1

258 REFERRALS

WERE PROVIDED TO 54 OF THE NEW CLIENTS FROM JULY THROUGH DECEMBER 2021

NEW CLIENTS RECEIVED AN AVERAGE OF

4.6 REFERRALS

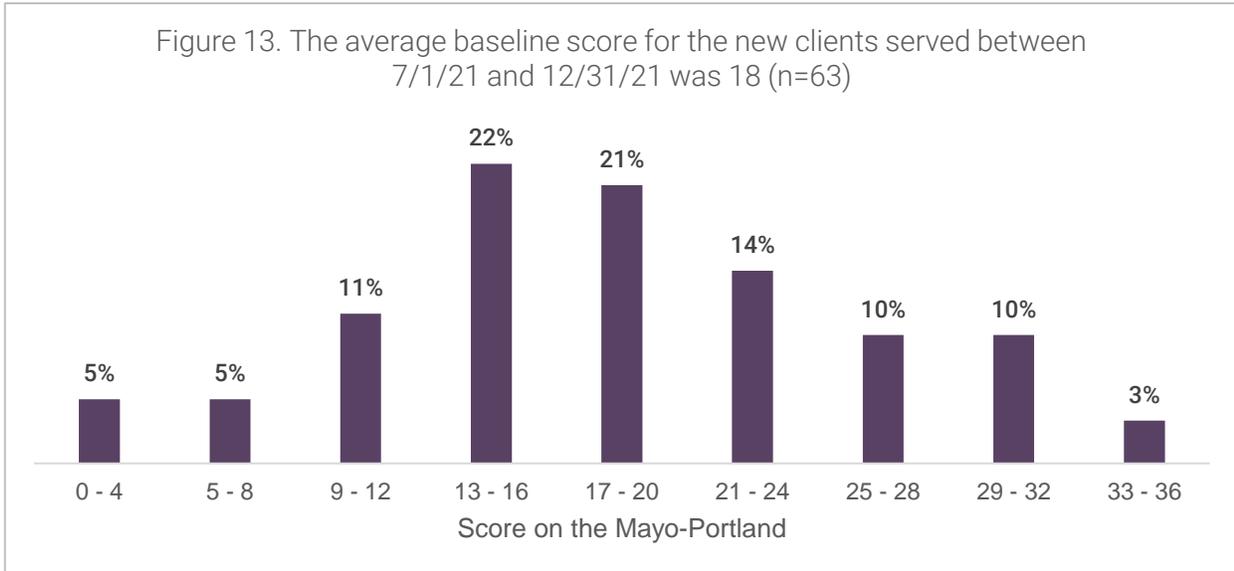
FROM THEIR RESOURCE FACILTIATOR

There were also two existing clients who had a referral between July and December 2021 documented in the database. One started Resource Facilitation earlier in the year while the other started in the summer of 2020. It is important to note that this is an under-reported number of referrals offered to current clients. With the new guidance and universal language for data collection, this will be more accurately tracked beginning in 2022.

Mayo-Portland

The Mayo-Portland Adaptability Inventory (“short version”) is a tool used to assess the needs of individuals who have suffered a brain injury. The tool measures self-care, residence, transportation, employment, and other basic needs. The “short-version” of the Mayo-Portland includes eight inventory items with a minimum score of 0 and maximum of 36. The lower the score on the Mayo-Portland, the greater the independence, and the lesser interference from injuries, for an individual with a TBI. The average, healthy adult, would likely have a score of zero or near zero.

Among the new clients served between 7/1/21 and 12/31/21, Resource Facilitators compiled the Mayo-Portland for 63. **On average, the baseline score for those 63 individuals was 18, with the highest score being 33 and the lowest score being 2** (see Figure 13).



Moving forward, Resource Facilitators will conduct the Mayo-Portland during regularly scheduled check-in calls to review the barriers. This will ensure more post Mayo-Portland scores are being captured to assess changes among those receiving RF services. Correlations can also be made between the level of engagement with clients and the level of change in the Mayo-Portland scores.

Appendix A

Data Collection Form for Client Barriers

Is HOUSING a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> Accessibility <input type="checkbox"/> Behavior Issues <input type="checkbox"/> Displaced <input type="checkbox"/> Eviction <input type="checkbox"/> Felony history <input type="checkbox"/> Homeless	<input type="checkbox"/> Lives Independently <input type="checkbox"/> Lapsed <input type="checkbox"/> Unstable <input type="checkbox"/> Needs supervision <input type="checkbox"/> Waiting list – housing <input type="checkbox"/> Waiting list – screening
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>	
	<input type="checkbox"/> No	Mark "Not applicable" in the database	

Are FINANCES a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> Hardship <input type="checkbox"/> Limited <input type="checkbox"/> None	<input type="checkbox"/> Representation <input type="checkbox"/> Application process <input type="checkbox"/> Worker's Comp
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>	
	<input type="checkbox"/> No	Mark "Not applicable" in the database	

Is TRANSPORTATION a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> Accessibility <input type="checkbox"/> Driving privileges	<input type="checkbox"/> Lacking <input type="checkbox"/> Ineligible
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>	
	<input type="checkbox"/> No	Mark "Not applicable" in the database	

Is INSURANCE a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> Appeal <input type="checkbox"/> Policy Confusion <input type="checkbox"/> Denied Coverage <input type="checkbox"/> Limited	<input type="checkbox"/> In application <input type="checkbox"/> None <input type="checkbox"/> Private Pay
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>	
	<input type="checkbox"/> No	Mark "Not applicable" in the database	

Is the client's VOCATION a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> Accommodation issues <input type="checkbox"/> Disclosure Issue <input type="checkbox"/> Ineligible <input type="checkbox"/> Unable health/medical <input type="checkbox"/> Unstable	<input type="checkbox"/> Job Seeking <input type="checkbox"/> Terminated <input type="checkbox"/> Forced Retirement <input type="checkbox"/> Waiting list
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>	
	<input type="checkbox"/> No	Mark "Not applicable" in the database	

Is EDUCATION a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> Appeal <input type="checkbox"/> Challenged <input type="checkbox"/> Lacks Documentation	<input type="checkbox"/> Ineligible <input type="checkbox"/> Lacks Funding <input type="checkbox"/> Lacks Transitional Plan
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>	
	<input type="checkbox"/> No	Mark "Not applicable" in the database	

Is COMMUNICATION a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> Aphasia <input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Distressed Support System
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>	
	No	Mark "Not applicable" in the database	

Is TBI AWARENESS a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> Unaware/consumer <input type="checkbox"/> Unaware/caregiver <input type="checkbox"/> Unaware/global
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>
	No	Mark "Not applicable" in the database

Are LEGAL issues a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> ADA <input type="checkbox"/> Familial <input type="checkbox"/> Incarceration <input type="checkbox"/> No Documents	<input type="checkbox"/> No Retainer Funds <input type="checkbox"/> Offender <input type="checkbox"/> Has Legal Case Pending <input type="checkbox"/> Work Documents
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>	
	No	Mark "Not applicable" in the database	

Is RECREATION a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> Cannot Plan <input type="checkbox"/> Lack of Funds <input type="checkbox"/> Integration Issues	<input type="checkbox"/> Limited Socialization <input type="checkbox"/> Loss of Peers <input type="checkbox"/> Physical Barrier
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>	
	No	Mark "Not applicable" in the database	

Is PHYSICAL & MENTAL HEALTH a barrier?	Yes If so, what is the barrier:	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Frequent ER Visits <input type="checkbox"/> Follow Through <input type="checkbox"/> Health Compliance	<input type="checkbox"/> Health Deteriorating <input type="checkbox"/> Lacks Primary Physician <input type="checkbox"/> Not Receiving TX <input type="checkbox"/> Waiting to receive TX
	It was but no longer is	<i>At 6 weeks, mark "Not Applicable" in the database If beyond 6 weeks, mark "Successful outcome" in database</i>	
	No	Mark "Not applicable" in the database	

DRAFT

Purpose and Intent:

The Brain Injury Oversight Committee consists of nine public members, including individuals with brain injury or family members and other representatives, each of whom are appointed by the governor, and the following directors, or their designees: The Commissioner of Education; the Director of Behavioral Health of the Department of Health and Human Services; and the Director of Public Health of the Department of Health and Human Services.

The purpose of the Brain Injury Oversight Committee is to:

- Provide financial oversight and direction to the University of Nebraska in the management of the Brain Injury Trust Fund
- Develop criteria for expenditures of the Brain Injury Trust Fund
- Represent the interest of individuals with a brain injury and their families through advocacy, education, training, rehabilitation, research and prevention.

The Brain Injury Oversight Committee is seeking agencies to apply for funds that will meet one or more of the funding/expenditure priorities.

Agencies applying for funding shall operate, at a minimum, statewide, and also in targeted areas as defined and determined in the contract, with individuals with brain injury; work to secure and develop community-based services for individuals with a brain injury; provide support groups and access to pertinent information, medical resources, and service referrals to individuals with a brain injury; and educate professionals who work with individuals with a brain injury.

Funding/Expenditure Priorities:

- Resource facilitation. Resource facilitation shall be given priority and made available to provide ongoing support for individuals with a brain injury and their families for coping with brain injuries. Resource facilitation may provide a linkage to existing services and increase the capacity of the state's providers of services to individuals with a brain injury by providing brain-injury specific information, support, and resources and enhancing the usage of support commonly available in a community. Agencies providing resource facilitation services shall specialize in providing services to individuals with a brain injury and their families;
- Voluntary training for service providers in the appropriate provision of services to individuals with a brain injury;
- Follow-up contact to provide information on brain injuries for individuals on the brain injury registry established in the Brain Injury Registry Act;
- Activities to promote public awareness of brain injury and prevention methods;
- Supporting research in the field of brain injury;
- Providing and monitoring quality improvement processes with standards of care among brain injury service providers;
- Collecting data and evaluating how the needs of individuals with a brain injury and their families are being met in this state.

Application Guidelines/Process

- What to submit
- When to submit
- How to submit (BIOC email address needed)
- Font size and page limitations
- Evaluation process

Project Contacts

- Project Director – provide names and contact info
- Financial person – provide name and contact info

Qualifications

- Organization's history and capacity to take on the project
 - Staffing capacity
 - Current operational budget/financial position/sources of operating funding
- Coordination and Collaboration – Describe your community involvement and document the strength of relationships with other agencies to achieve common goals.
- What sets them apart from other organizations (i.e. such as other funds the agency has to support the funding requested or the funding priorities)

Budget

- Personnel costs
- Administrative costs
- Direct project costs
- Budget justification
- Amount of funding requested

Project Description and Work Plan

- Project Summary – Provide a brief statement that clearly states the project goal, the major activities to be undertaken and the projected impact on people with brain injury and/or family members.
- What the project will entail – Description of planned activities
- What data will be collected – Description of reports/outputs
- How data will be used
- Expected outcomes – Description of how project will meet outlined funding/expenditure priorities
- Sustainability

Describe the proposed project, why it is needed and how it will meet the priorities identified.