

June | 2021

# Nebraska's Brain Injury State Partnership Program Mentor State Grant

Annual Evaluation Report  
JUNE 2020 – MAY 2021



Dear Reader:

Traumatic brain injury (TBI) is a serious public health problem in the United States. The Centers for Disease Control (CDC) reports approximately 2.5 million people sustain a TBI annually, and each year TBI contributes to a substantial number of deaths and cases of permanent disability. A TBI is caused by a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Most TBIs are mild and their effects diminish over time, but even a mild TBI can result in permanent cognitive, physical, and behavioral changes. Individuals experiencing moderate to severe injuries may require life-long supports for housing, work, and community living.

Many Nebraskans impacted by TBI still struggle to access appropriate services to meet their needs. Nebraska Vocational Rehabilitation (VR) and the Brain Injury Advisory Council remain committed to building a comprehensive, multidisciplinary, easily accessible system of care for individuals experiencing brain injury and to ensuring awareness and training for partners in the system.

Nebraska VR serves as lead agency for a U.S. Department of Health and Human Services, Administration for Community Living TBI Implementation Partnership Grant which provides funding for states to build infrastructure and create systems change to better serve their citizens with brain injuries. The Brain Injury Advisory Council advises Nebraska VR, the Department of Education, Special Education, and the Department of Health and Human Services (DHHS) in implementing grant objectives and goals under the Nebraska State Plan for Systematic Services for Individuals with Brain Injuries.

For more information about the Nebraska State Plan for Systematic Services for Individuals with Brain Injuries, please visit the Brain Injury Advisory Council's website at [www.braininjury.ne.gov](http://www.braininjury.ne.gov).

This report summarizes grant-funded project outcomes for FY 2019-2020. Nebraska VR and the Brain Injury Advisory Council look forward to working with our partners and stakeholders to build better futures for Nebraskans with brain injury and their families.

Sincerely,

A handwritten signature in black ink that reads "Keri Bennett". The signature is written in a cursive style and is positioned above the typed name.

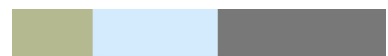
Keri Bennett, M.S.Ed, CBIS  
Nebraska VR Program Director for ABI  
TBI Grant Project Director

This project was supported, in part by grant number 90TBSG0036-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

## Table of Contents

Executive Summary .....	1
Project Purpose .....	3
Grant Objectives.....	3
Nebraska Injured Brain Network.....	4
Dissemination of Information .....	7
Information and Referral.....	10
TBI Trainings .....	11
Living with Brain Injury Survey .....	14
Brain Injury Screenings.....	16
Brain Injury Advisory Council .....	20
TBI Registry Data .....	21

Report prepared by



Schmeckle Research Inc.

Lincoln, NE  
402.477.5407

[will@schmeckleresearch.com](mailto:will@schmeckleresearch.com)

## **Executive Summary**

---

In FY 2020-2021 Nebraska continued its work under a brain injury partnership grant from the Administration for Community Living (ACL), U.S. Department of Health and Human Services. The overarching goal for Nebraska's brain injury partnership grant is to strengthen Nebraska's system of services and supports that maximizes the independence, well-being and health of people with traumatic brain injuries (TBIs) across the lifespan and all other demographics, their family members and support networks by building a statewide, voice-driven Network of individuals with TBI and their family members that are engaged and equipped to shape policies, programs, and services.

Activities from FY 2020-2021 (June 2020-May 2021) are summarized below.

### **Nebraska Injured Brain Network (NIBN)**

Some key activities include:

- Capacity-building and Board growth
- Gained 501c3 status
- Developed website with interactive/connectivity capability
- Delivered the Living with an Injured Brain Summit in partnership with Nebraska VR and the Brain Injury Advisory Council (BIAC)
- Began planning for the Peer Support initiative
- Prepared to expand the number of chapters

### **Dissemination of Information**

- 2,198 letters were delivered to individuals on the TBI Registry.
- 2,316 website sessions occurred on the Nebraska Brain Injury Advisory Council's website.
- 9 information campaigns conducted through Constant Contact with an average of 446 recipients per campaign.

### **Information and Referral**

- A total of 407 individuals received information and referral services from four organizations (Brain Injury Alliance of Nebraska, Disability Rights Nebraska, Hotline for Disabilities, and the Aging and Disability Resource Center).

### **TBI Trainings and Conferences**

- A total of 186 individuals were trained across nine brain injury trainings, conferences, and presentations this year.
- The vast majority of participants of the seven BIA presentations/trainings responded positively in terms of improvements in their understanding of brain injury due to the presentation, their knowledge of the signs and symptoms of brain injury, and their understanding of the types of support a person with a brain injury may need.

- Participants of the Living with an Injured Brain Summit responded very positively in terms of feeling comfortable participating virtually in this year’s Summit and feeling satisfied with the online format of this year’s Summit.

### **Living with Brain Injury Survey**

- Surveys focused on the intersection of brain injury and behavioral health were conducted with individuals living with a brain injury, their family members, and service providers. Key takeaways include:
  - The vast majority of individuals living with a brain injury experience behavioral health issues and have accessed behavioral health and well-being services as a result of their brain injury.
  - The number one barrier to obtaining behavioral health services for individuals living with a brain injury is “providers do not understand brain injury”.
  - Behavioral health providers report relatively low levels of awareness about the intersection of brain injury and behavioral health.

### **TBI Screenings**

- Nebraska VR conducted 102 Acquired Brain Injury (ABI) Screens this year.
- Most individuals have sustained one or two brain injuries and most sustained their injury at a young age, with the median age at time of injury being 19 years.
- The severity of these injuries is shown by the fact that 84.4% have been treated in a hospital or ER for brain injury, 72.0% have lost consciousness due to a brain injury, and 78.9% have ever felt dazed or had a gap in memory resulting from a brain injury.
- The top three difficulties were getting distracted and forgetting to finish tasks, fearing memory problems will make finding the desired job difficult, and difficulty managing or estimating time.

### **Brain Injury Advisory Council (BIAC)**

Some key activities include:

- Reviewed and made minor revisions to the Living with Brain Injury State Plan
- Finalized content for the BIAC new member toolkit and included this on the BIAC website
- Maintained the quarterly meeting schedule in spite of challenges imposed by the COVID-19 pandemic

### **TBI Registry Data**

- Over the five-year period of 2015-2019, there has been an average of 13,850 cases of traumatic brain injury cases per year in Nebraska.
- TBIs appear to occur in the Western area of the state at substantially higher rates compared to all other areas in Nebraska.

# **NEBRASKA'S BRAIN INJURY STATE PARTNERSHIP PROGRAM MENTOR STATE GRANT ANNUAL EVALUATION REPORT June 1, 2020 through May 31, 2021**

## **Project Purpose**

---

In FY 2020-2021 Nebraska was awarded a brain injury partnership grant by the Administration for Community Living (ACL), U.S. Department of Health and Human Services. This fiscal year marked the beginning of a new grant cycle with ACL. The overarching goal for Nebraska's brain injury partnership grant is to strengthen Nebraska's system of services and supports that maximizes the independence, well-being and health of people with traumatic brain injuries (TBIs) across the lifespan and all other demographics, their family members and support networks by building a statewide, voice-driven Network of individuals with TBI and their family members that are engaged and equipped to shape policies, programs, and services.

## **Grant Objectives**

---

Nebraska's brain injury grant project focuses on four core areas which provides the basis for the grant objectives:

1. Build capacity within the existing TBI support groups by providing leadership and capacity-building coaching to support group leaders and members in at least 10 of the 13 support groups.
2. Equip the Network of people with TBI and their families to advocate for policy, program, and service changes by making data, resources, tools, and strategies accessible to leaders and members of all 13 support groups across the state.
3. Engage Network members from all 13 support groups in shaping policies, programs, and services by providing education in advocacy strategies and offering opportunities to advocate.
4. Connect newly-injured individuals with TBI and their family members to the Network and the existing system of services and supports in underserved, rural areas of the state by training a TBI Peer Resource Navigator from 6 of the 13 support groups.

## Nebraska Injured Brain Network (NIBN)

---

The Nebraska Injured Brain Network (NIBN) project demonstrated continued growth and progress of both personal and organizational capacity, as illustrated by the following milestones during this fiscal year:

1. Consistent capacity-building and Board growth for the individual leaders and the organization as a whole.
2. NIBN submitted its 501c3 application and was awarded its 501c3 status in October 2020.
3. NIBN created a bank account along with a line of credit.
4. NIBN worked with a contractor to design and build a website with interactive/connectivity capability to support the statewide injured brain community. The site went live in March 2021. NIBN sent a press release through the Nebraska Newspaper Association to all newspapers across the state.
5. NIBN successfully partnered with Nebraska VR and the BIAC to deliver the Living with an Injured Brain Summit. NIBN assisted with project leadership, marketing, and presentations.
6. NIBN successfully planned and then proposed an approach to planning the Peer Support initiative and was awarded this contract with Nebraska VR. NIBN was also proposed Phases 2 and 3 and was contracted to complete Phases 2 and 3 in a grant extension to deliver the Peer Support pilot initiative.
7. As part of its Peer Support effort, NIBN partnered with NASHIA and Independence Rising for implementation assistance.
8. NIBN kicked off its Peer Support initiative and will be implementing it over the next 12 months.
9. NIBN has begun hosting its Learning Communities as a follow up to its Living with an Injured Brain Summit.
10. NIBN is positioned to expand its Chapters via its website and Peer Support initiative.
11. Above all, the Voice of the people of NIBN is reflected in the many documents produced in the context of the various initiatives during this period of time.

## NIBN Key Informant Interviews

In March 2021, key informant interviews were conducted with eight key members of the NIBN organization. Of the eight participants, five were on the NIBN board, two were part of the NIBN chapter in North Platte, and four were also on the peer support planning committee. Six participants reported they had an injured brain, one participant was a caregiver of a person with an injured brain, and one was a nurse who works with patients that have an injured brain. Schmeckle Research, the external evaluator for the grant-funded project through NE VR, conducted the interviews.

Following is an executive summary of these key informant interviews.

### *Successes*

*NIBN has experienced many successes both with its board and with its chapter in North Platte. These include, but are not limited to:*

- Development of the peer support program
- Development and launch of the website: [www.nibn.org](http://www.nibn.org)
- Building chapters in communities around the state
- Collaborations and relationships as a board and chapter
- Connectedness, companionship, and support for others living with an injured brain
- Advocating and giving a voice to people with lived experience

***"It is really nice to have the group because it is really nice to be around people who understand your situation."***

### *Challenges*

*Both the board and the chapter have faced setbacks due to the COVID-19 pandemic. It has limited their ability to meet in-person, which creates isolation among the members, and it has also pushed back the timeline on planned projects and expansion. Other challenges they have faced include:*

*For the board:*

- Time management
- Struggling to move forward effectively
- The balance of the board between people who have an injured brain and those who do not

*For the North Platte chapter:*

- Limited funding for the group
- Transportation
- Finding ways to increase self-advocacy within the membership
- A lack of referral sources for members who need mental health services beyond the informal support provided by the group



### *Recommendations for future development*

*The NIBN board and chapter members had recommendations to increase the efficiency of the board and improve the process of building new chapters:*

- Create a more balanced board including people with an injured brain, caregivers of people with an injured brain, and professionals with passion for this topic.
- Increase chapter membership and engagement among people living with an injured brain, but also families and professionals. Find ways to recruit people to join without chapter members feeling like “ambulance chasers”.
- Offer more oversight and support for chapters, including one-on-one meetings, advice on structure, and support.
- Balance organic, community-based chapter development with support from the board.
- Have safety standards in place for new chapters.
- Have co-leadership roles so that they can switch off and the leaders have time to rest.
- Stay patient and resilient, it takes time.
- Ensure meetings are not too long and are suitable for people with an injured brain to participate in.
- Do not push too hard. People with an injured brain also have other life responsibilities, such as family, jobs, hobbies, and other volunteer roles. If the leadership pushed them too hard or fast, they might not be able to handle it.
- Have a strong advocate with expertise that can take a leadership role and keep things moving forward.
- Provide an available consultant, like John Ferrone, that can keep things organized and the chapters stabilized.

***"Don't give up, it gets frustrating at times...Be patient and know that it is going to make a difference."***

## Dissemination of Information

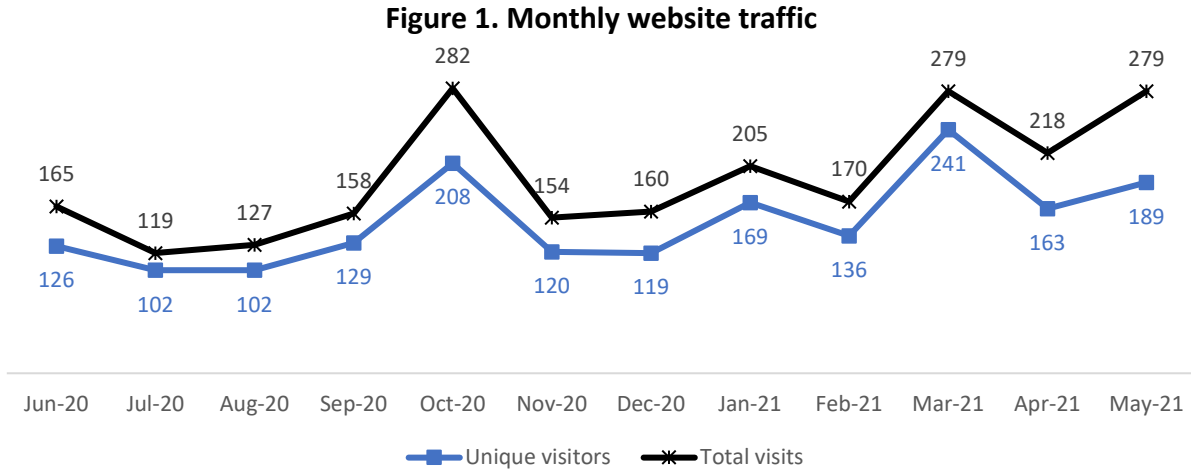
The dissemination of information conducted by the NE VR TBI program is organized under four main areas: Nebraska Brain Injury Registry Letters, Nebraska Brain Injury Advisory Council Website, materials distributed at the Brain Injury Conference, and Constant Contact. Table 1 contains a summary of the information disseminated under each of these four areas.

Table 1	Dissemination of Information Summary: June 1, 2020 – May 31, 2021
<b>Nebraska Brain Injury Registry Letters*</b>	<ul style="list-style-type: none"> <li>➤ Registry letters mailed: 2,321</li> <li>➤ Letters returned undeliverable: 123</li> <li>➤ <b>Total registry letters delivered: 2,198</b></li> </ul>
<b>Nebraska Brain Injury Advisory Council Website</b>	<ul style="list-style-type: none"> <li>➤ Website visits: 2,316</li> <li>➤ An average of 150 unique visitors per month</li> </ul> <p>(see below for more details)</p>
<b>Materials Distributed at Brain Injury Conference (April 2021)</b>	<ul style="list-style-type: none"> <li>➤ Provided information on the Brain Injury Advisory Council to approximately 25 individuals. One new council member was recruited as a result.</li> </ul>
<b>Constant Contact Statistics</b>	<ul style="list-style-type: none"> <li>➤ Conducted 9 distinct information campaigns through Constant Contact during the grant year.</li> <li>➤ There was an average of 446 recipients per campaign.</li> </ul>

\*Covid 19 and software issues delayed the mailing of registry letters this year. The total does not include individuals added to the registry from January-May of 2021.

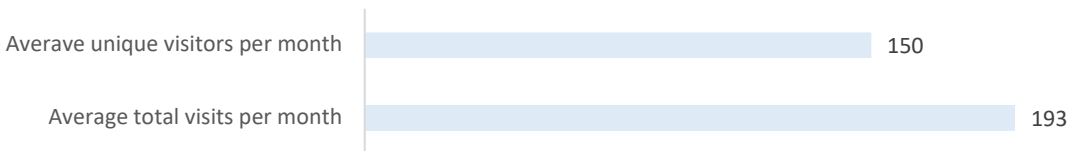
## Nebraska Brain Injury Advisory Council (BIAC) Website Analytics

Figures 1 and 2 below show unique and total visitors to the BIAC website monthly (Figure 1) and as monthly averages throughout the year (Figure 2).

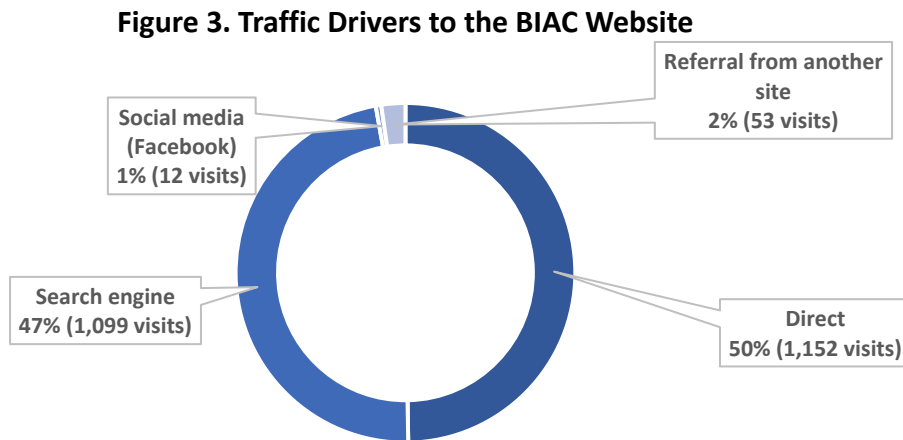


**Figure 2. Monthly Average Analytics  
June 2020 - May 2021**

Total visits this time period: 2,256



The most common drivers to the BIAC website are direct and search engine, comprising around 97% of all traffic. Referrals from other sites and social media (Facebook) comprise a relatively small number of visits to the site (Figure 3)



## **Nebraska Brain Injury Registry Letter Brochures**

Improving the brochure information (enclosed with a letter) distributed to those added to the Brain Injury Registry continued this year. Nine brochures have been designed distributed across the state. For each of the state's three regions (western, central, and eastern) brochures have been customized by ages 0-21,22-59, and 60 plus. The theme is Living with Brain Injury, Resources Close to Home. Each brochure lists statewide resources such as the Brain Injury Alliance and Nebraska Vocational Rehabilitation. Also listed are resources available in each area including Brain Injury Support Groups, Area Agency on Aging, and Opioid addiction connections.

Previously the Brain Injury Alliance was notified each month the number of letters that were being mailed because their number was the only contact. Starting July 1, 2020 resources listed on the brochures also received this information in an email. The resources have been asked to report any calls they receive as a result of the brochures. The message will also include information on webinars, resource updates, etc.

The goal is to also keep the resources supplied with brochures for their use when they work with individuals with brain injury. Training on brain injury is also being offered on brain injury so they can better respond to callers.

Beginning in May 2020, the letters enclosed with the brochures included a state website for information on Covid-19.

## Information and Referral

Information and referral services for survivors of TBI are conducted by four organizations: The Brain Injury Alliance of Nebraska (BIA), Disability Rights Nebraska, the Hotline for Disabilities, and the Aging and Disability Resource Center (ADRC). Between these four organizations, 407 individuals received information and referral services during this grant year (Table 2).

Table 2	Information and Referral Summary: June 1, 2020 – May 31, 2021
<b>Brain Injury Alliance of Nebraska (BIA) Resource Facilitation</b>	<p>Served...</p> <ul style="list-style-type: none"> <li>➤ 65 information and referral clients</li> <li>➤ 117 intake and referral clients</li> <li>➤ 61 case management clients</li> </ul> <p>A total of 622 referrals were made for these 243 clients during the course of the year.</p>
<b>Disability Rights Nebraska</b>	<ul style="list-style-type: none"> <li>➤ Provided 50 information and referral services for 39 individuals with a TBI.</li> </ul>
<b>Hotline for Disabilities</b>	<ul style="list-style-type: none"> <li>➤ Provided information and referral services to 8 individuals with a TBI.</li> </ul>
<b>Aging and Disability Resource Center (ADRC)</b>	<p>Individuals with a brain injury served include...</p> <ul style="list-style-type: none"> <li>➤ 65 information and referral clients</li> <li>➤ 38 Options Counseling clients</li> <li>➤ 14 Benefits Assistance clients</li> </ul> <p>A total of 124 referrals were made for these 117 clients this year.</p>
<b>Total</b>	<ul style="list-style-type: none"> <li>➤ <b>Provided information and referral services to 407 individuals with a TBI.</b></li> </ul>

## TBI Trainings

Nine TBI trainings were offered this grant year to a total of 186. The dates and participants of these trainings are detailed below in Table 3.

<b>Table 3</b>	<b>TBI Trainings: Dates and Participants</b>		
	<b>Date</b>	<b>Participant Description</b>	<b>Number of Participants</b>
<b>How Trauma Affects the Brain (BIA)</b>	6/3/2020	Students and trainees in behavioral health fields	49
<b>The Intersection of Brain Injury and Juvenile Justice (BIA)</b>	6/5/2020	Nebraska School Mental Health Conference (school counselors, psychologists, administrators, etc.)	50
<b>The Intersection of Brain Injury and the Juvenile Justice System (BIA)</b>	7/8/2020	Court Appointed Special Advocates (CASA) of Lincoln volunteers and staff	8
<b>Brain Injury, Making the Invisible Visible (BIA)</b>	7/20/2020	Nebraska VR Staff within the Scottsbluff area	8
<b>Brain Injury, Making the Invisible Visible (BIA)</b>	8/13/2020	Heartland Housing Sanctuary	10
<b>Brain Injury, the Invisible Injury (BIA)</b>	8/26/2020	Metro Area Continuum of Care for the Homeless (MACCH) program staff	29
<b>Brain Injury, the Invisible Injury in the Aging Population (BIA)</b>	9/17/2020	Nebraska Health Care Association Conference (long-term care, assisted living, social workers, etc.)	0*
<b>2<sup>nd</sup> Annual Living with Brain Injury Summit</b>	11/9/2020 – 11/13/2020	Individuals living with a brain injury and their family members	26
<b>TBI Modules</b>	Ongoing	Various professionals and family members serving individuals with TBI	6 (unique) Intro training: 5 Pediatric training: 4 Adult training: 4 Substance training: 2
<b>Total</b>	-	-	<b>186</b>

\*None in attendance. Training recorded for future use.

## BIA Presentations Evaluation Results

Table 4 below presents results from the BIA presentation evaluation survey that was sent out to participants of the seven presentations conducted by the BIA this fiscal year. The vast majority of participants responded positively to the five items on the survey.

<b>Table 4</b>	<b>BIA Presentation Evaluation (aggregated across three presentations)</b>					
	<b>Strongly disagree</b> [1]	<b>Disagree</b> [2]	<b>Neutral</b> [3]	<b>Agree</b> [4]	<b>Strongly agree</b> [5]	<b>Average (1-5)</b>
<b>1.</b> I have a greater understanding of brain injury as a result of this presentation. (n=77)	0.0%	0.0%	1.3%	32.5%	66.2%	<b>4.7</b>
<b>2.</b> My knowledge of the signs and symptoms of brain injury increased as a result of this presentation. (n=79)	0.0%	1.3%	2.5%	35.4%	60.8%	<b>4.6</b>
<b>3.</b> As a result of this presentation, I have a greater understanding of what type of support a person with a brain injury may need. (n=75)	0.0%	1.3%	1.3%	37.3%	60.0%	<b>4.6</b>
<b>4.</b> I have an awareness of a brain injury screening tool as a result of this presentation. (n=76)	0.0%	3.9%	7.9%	35.5%	52.6%	<b>4.4</b>
<b>5.</b> The information provided in this presentation will be useful to me either professionally or personally. (n=76)	0.0%	0.0%	5.3%	23.7%	71.1%	<b>4.7</b>

The following quotes were provided by training participants of the BIA presentations.

*"In my opinion, the whole presentation was very informative. I learned important questions now what to think about and ask and just not assume a child is a behavior problem."*

*"I particularly found the screening tool useful, knowing what questions to ask is imperative to identifying issues and subsequently directing support services to that individual."*

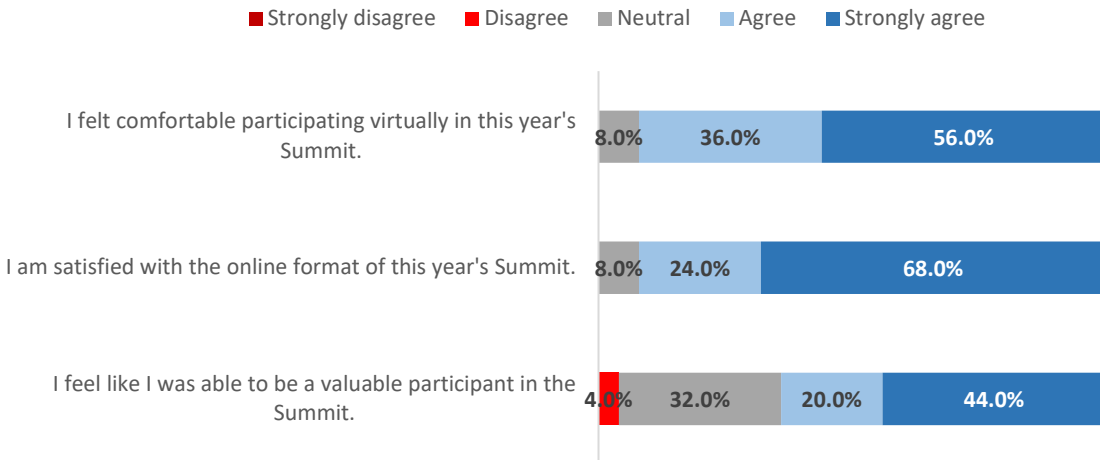
*"Understanding the support and patience you must have in working with someone with a brain injury. It is not their fault, but you can't rush them, put them on the spot and need to explore supports. This is important, especially for me, as I am trying to find these individuals employment."*

*"The presentation was easy to follow and very informative. It provided useful information that we can all use while working with individuals."*

## 2<sup>nd</sup> Annual Living with an Injured Brain Summit Evaluation Survey Results

Participants in the 2<sup>nd</sup> Annual Living with an Injured Brain Summit gave overall favorable ratings of this year's Summit. Due to the Summit being held online, some participants gave lower ratings for their ability to be a valuable participant (Figure 4).

**Figure 4. Overall LWBI Summit Ratings (n=25)**



The following quotes were provided by participants of the Summit.

*"It strengthened my understanding of the statewide effort and usefulness to those with a injured brain."*

*"Interesting to hear the personal stories. I feel that I have a better understanding of how a brain injury can impact a person."*

*"Hearing from those who have an injured brain opened my eyes and will help me think out of the box."*

*"This information was useful because it gives the providers a different way of speaking to and approaching a person with a brain injury. It was very helpful."*

*"Appreciated the discussion on various tools and assistive technology to help people with brain injuries."*

*"Truly appreciated hearing from family and caregivers and their experiences."*



## Living with Brain Injury Survey

---

The 2020 Living with Brain Injury Surveys are comprised of three separate surveys for individuals with a brain injury, their family members/caregivers, and behavioral health providers. The surveys focused on the intersection of brain injury and behavioral health. The survey was conducted primarily online with a paper option available by request during the months of October and November of 2020. Following are “10 Key Takeaways” from the survey.

**1. *The vast majority of individuals living with a brain injury experience behavioral health issues and have accessed behavioral health and well-being services as a result of their brain injury.***

- ➔ The vast majority (93%) of individuals living with a brain injury have some experience of behavioral health issues. The most common issues are neurobehavioral issues (reported by 77%) and mental health issues (reported by 75%). About one-in-four (26%) reported misuse of alcohol, opioid prescriptions, and/or other substances.
- ➔ The vast majority (86%) of individuals living with a brain injury have accessed (and may be currently accessing) one or more behavioral health and/or well-being service as a result of having a brain injury. The most commonly accessed services include mental health counseling (67%); prescription medication for mood, behavior, or other mental health issues (65%); and brain injury support group (54%).

**2. *The number one barrier to obtaining behavioral health services for individuals living with a brain injury is “providers do not understand brain injury”.***

- ➔ Among individuals living with a brain injury with an experience of behavioral health issues, the number one reported barrier to obtaining behavioral health services was “providers do not understand brain injury” (reported by 61%). Behavioral health providers themselves are in agreement, with 77% reporting this same issue as a barrier for individuals with a brain injury.

**3. *Individuals living with a brain injury who have accessed behavioral health services generally feel neutral about the how well the behavioral health services have met their needs.***

- ➔ Among those living with a brain injury who have ever received behavioral health services, feelings are mixed as to how well the behavioral health services they have received have met their needs. A plurality (41%) say that behavioral health services have met “none” or “very few” of their needs, 31% say the services have met “some” of their needs, and just 28% say the services have met “most” or “all” of their needs.

**4. *Nearly all family members of individuals with a brain injury experience emotional stress, but relatively few have accessed mental health counseling due their role and responsibilities of being a family member and/or caregiver of an individual with a brain injury. Many family members also lack support from other members of their family.***

- ➔ Nearly all (97%) of family members experience at least some emotional stress in their role as a family member and/or caregiver of an individual with a brain injury. Yet, a relatively small minority (23%) report that they have accessed any type of mental health counseling services due to their role and responsibilities of being a family member and/or caregiver of an individual with a brain injury.

- Nearly half (45%) of family members reported having very little or no help or support from other members of their family to assist with the care plan for their family member with a brain injury.
- 5. *Behavioral health providers report relatively low levels of awareness about the intersection of brain injury and behavioral health.***
- 31% of providers reported being “moderately” or “highly aware” of crisis intervention and suicide prevention strategies for individuals with a brain injury.
  - 43% of providers reported being “moderately” or “highly aware” of the difference between cognitive issues as a result of brain injury and behavioral health issues.
  - 44% of providers reported being “moderately” or “highly aware” of behavioral health resources for those with brain injury.
- 6. *About half of behavioral health providers screen individuals for a lifetime of potential brain injury, and most who do so, do an informal screening.***
- Just over half (55%) of behavioral health providers reported that they screen for a lifetime history of brain injury. However, among those who do screening, 86% report using only an informal set of questions at intake.
- 7. *Most behavioral health providers treat individuals living with a brain injury, but they are mixed in terms of their confidence of providing adequate treatment for an individual with a brain injury.***
- Most providers (60%) report that they treat individuals living with a brain injury. A notable minority (17%) do not know if they do or not.
  - A plurality of providers (40%) reported that they are “not at all” or “slightly confident” in terms of providing adequate treatment for an individual with a brain injury, 31% reported being “somewhat confident”, and 29% reported being “moderately” or “highly confident.”
  - Among those who treat individuals with a brain injury, just 35% reported that they use specific therapeutic approaches for an individual with a brain injury.
- 8. *Approximately half of behavioral health providers have participated in training or educational opportunities specifically on brain injury. The education system does not appear to provide these opportunities with any regularity.***
- Just over half (54%) of behavioral health providers have participated in training or educational opportunities specifically on brain injury.
  - A minority (29%) of behavioral health providers indicated that the mental health education system provides them with any opportunities to learn about specific health treatment options for individuals with a brain injury. About one-in-four (26%) indicated that this is not the case and a plurality (45%) were uncertain.
- 9. *Most behavioral health providers are interested in receiving training on brain injury.***
- Three-in-four (74%) behavioral health providers are interested in receiving training on brain injury and its impact on behavioral health.
- 10. *Top barriers to providing behavioral health services to individuals with a brain injury as reported by behavioral health providers include not knowing appropriate referral services and lack of training.***
- The top three barriers to providing behavioral health services for individuals with a brain injury are “knowing appropriate referral sources” (reported by 55% of behavioral health providers), lack of training (48%), and lack of funding/compensation to provide services (35%).

## Brain Injury Screenings

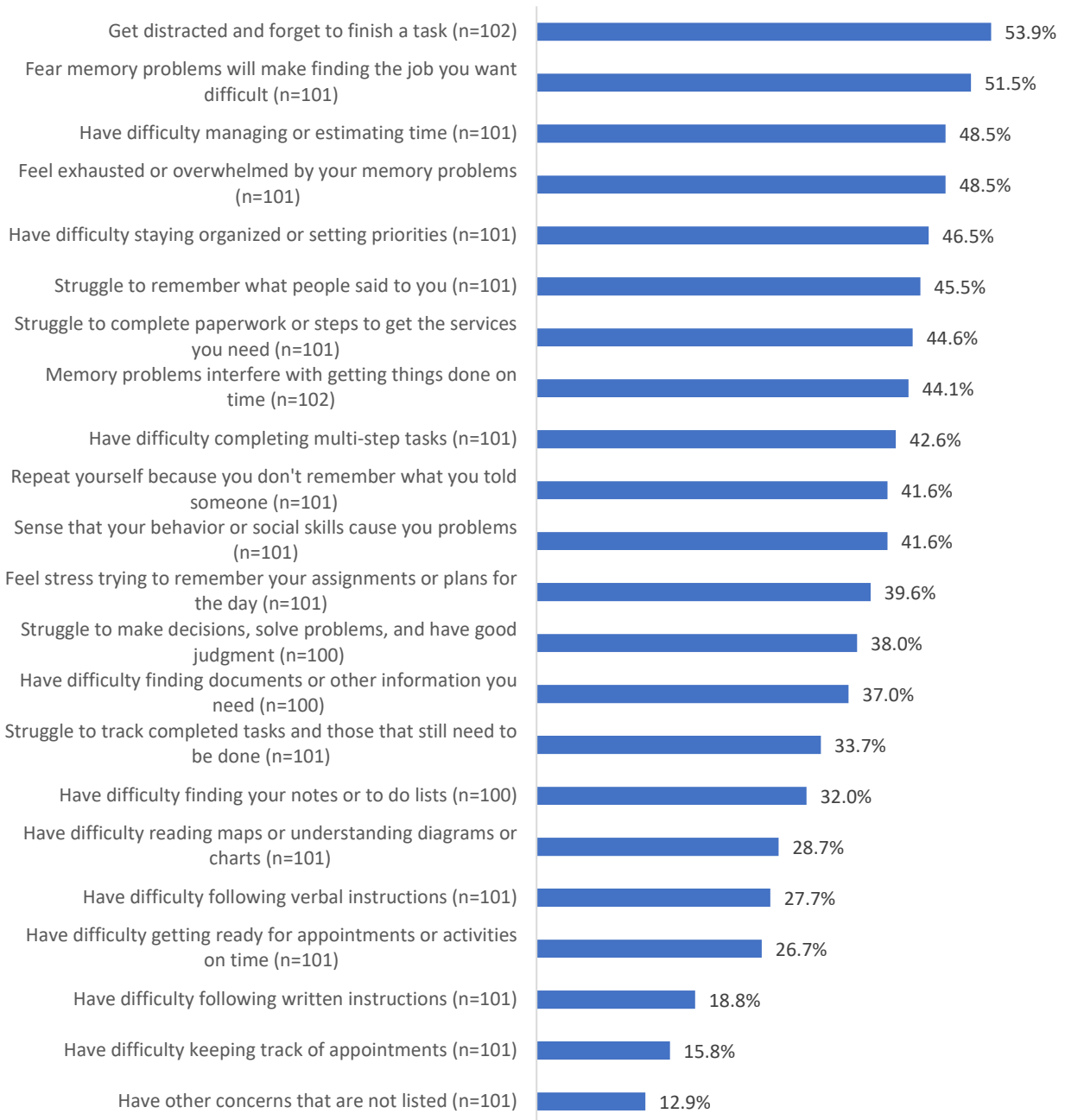
The Nebraska VR Acquired Brain Injury (ABI) Screen is conducted with individuals working with Nebraska VR. The screen is conducted as a follow-up if an individual identifies a history of brain injury during their work with a VR counselor. It is important to emphasize that the findings in this report are only for those who have already indicated a history of brain injury. **A total of 102 screenings were conducted this year.**

Table 5 presents findings about the history of brain injuries for individuals screened during this time period. Most individuals have sustained one or two brain injuries and most sustained their injury at a young age, with the median age at time of injury being 19 years. The severity of these injuries is shown by the fact that 84.4% have been treated in a hospital or ER for brain injury, 72.0% have lost consciousness due to a brain injury, and 78.9% have ever felt dazed or had a gap in memory resulting from a brain injury.

<b>Table 5</b>		<b>History of brain injuries</b>	
		<b><i>Number of screens collected this time period (June 2020 through May 2021)</i></b>	<b><u>102</u></b>
<b><i>Number of brain injuries (n=100)</i></b>		1	54.0%
		2	30.0%
		3	11.0%
		4	5.0%
		<b><i>Average number of brain injuries reported</i></b>	<b>1.7</b>
<b><i>Age at time of injury (n=145)</i></b> (includes multiple injuries for some individuals)		<i>Under 5 years</i>	13.1%
		<i>5 to 17 years</i>	33.1%
		<i>18 to 24 years</i>	14.5%
		<i>25 to 34 years</i>	15.2%
		<i>35 to 44 years</i>	13.1%
		<i>45 to 54 years</i>	8.3%
		<i>55 and older</i>	2.8%
		<b><i>Median age at time of injury</i></b>	<b>19 years</b>
<b><i>Severity</i></b> (lifetime experiences for each screened individual)		<b><i>Ever treated in hospital or ER for brain injury (n=96)</i></b>	<b>84.4%</b>
		<b><i>Ever lost consciousness due to brain injury (n=93)</i></b>	<b>72.0%</b>
		<b><i>Ever felt dazed or have a memory gap resulting from a brain injury (n=90)</i></b>	<b>78.9%</b>

Screened individuals are asked about how often they experience 22 different difficulties in daily life. Figure 1 presents the percentage reporting they “often” encounter these difficulties since their brain injury. The top three difficulties were getting distracted and forgetting to finish tasks, fearing memory problems will make finding the desired job difficult, and difficulty managing or estimating time (Figure 5).

**Figure 5. Difficulties in Daily Life**  
*Percentage reporting they "often" have these difficulties since the time of their brain injury\**



Response options: never, seldom, often, depends

The average number of difficulties reported as “often” being experienced by screened individuals is 8.3 (out of a possible 22). Figure 6 present the numbers of difficulties in ranges reported as often being experienced. Just one-in-ten (10.8%) reported that they often experience none of the difficulties on the screening instrument. The remainder report at least one or more difficulties being often experienced.

**Average number of difficulties “often” experienced: 8.3 out of 22**

**Figure 6. Number of difficulties "often" experienced in daily life  
(out of a possible 22) (n=102)**

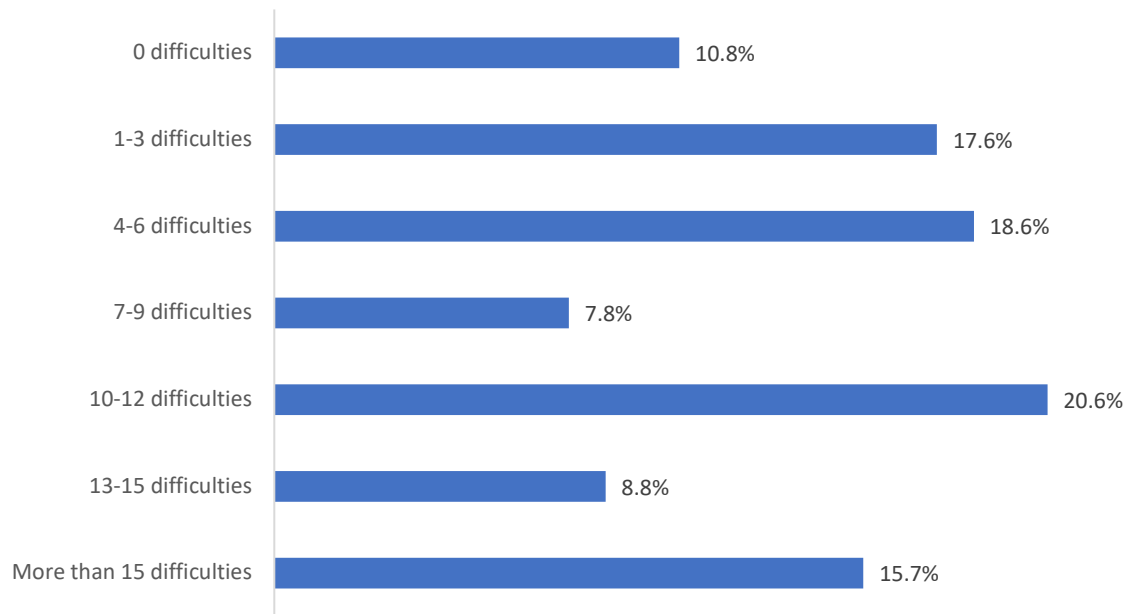


Table 6 presents all of the response options for the 22 survey items on difficulties experienced in daily life.

<b>Table 6</b>	<b>Difficulties in daily life (all response options)</b>			
<i>In the time since the brain injury, how often...</i>	<b>Never</b>	<b>Seldom</b>	<b>Often</b>	<b>Depends</b>
<b>1.</b> Do your memory problems interfere with getting things done on time? (n=102)	15.7%	27.5%	44.1%	12.7%
<b>2.</b> Do you get distracted and forget to finish a task? (n=102)	11.8%	23.5%	53.9%	10.8%
<b>3.</b> Do you struggle to remember what people said to you? (n=101)	15.8%	26.7%	45.5%	11.9%
<b>4.</b> Do you repeat yourself because you don't remember what you told someone? (n=101)	22.8%	30.7%	41.6%	5.0%
<b>5.</b> Do you have difficulty staying organized or setting priorities? (n=101)	16.8%	24.8%	46.5%	11.9%
<b>6.</b> Do you have difficulty finding your notes or to do lists? (n=100)	32.0%	30.0%	32.0%	6.0%
<b>7.</b> Do you have difficulty managing or estimating time? (n=101)	22.8%	25.7%	48.5%	3.0%
<b>8.</b> Do you have difficulty keeping track of appointments? (n=101)	23.8%	29.7%	38.6%	7.9%
<b>9.</b> Do you feel exhausted or overwhelmed by your memory problems? (n=101)	24.8%	22.8%	48.5%	4.0%
<b>10.</b> Do you have difficulty finding documents or other information you need? (n=100)	19.0%	34.0%	37.0%	10.0%
<b>11.</b> Do you have difficulty getting ready for appointments or activities on time? (n=101)	38.6%	29.7%	26.7%	5.0%
<b>12.</b> Do you struggle to track completed tasks and those that still need to be done? (n=101)	29.7%	27.7%	33.7%	8.9%
<b>13.</b> Do you have difficulty completing multi-step tasks? (n=101)	21.8%	22.8%	42.6%	12.9%
<b>14.</b> Do you have difficulty following verbal instructions? (n=101)	22.8%	34.7%	27.7%	14.9%
<b>15.</b> Do you have difficulty following written instructions? (n=101)	34.7%	34.7%	18.8%	11.9%
<b>16.</b> Do you have difficulty reading maps or understanding diagrams or charts? (n=101)	35.6%	24.8%	28.7%	10.9%
<b>17.</b> Do you feel stress trying to remember your assignments or plans for the day? (n=101)	24.8%	24.8%	39.6%	10.9%
<b>18.</b> Do you sense that your behavior or social skills cause you problems? (n=101)	21.8%	27.7%	41.6%	8.9%
<b>19.</b> Do you struggle to complete paperwork or steps to get the services you need? (n=101)	17.8%	27.7%	44.6%	9.9%
<b>20.</b> Do you struggle to make decisions, solve problems, and have good judgment? (n=100)	17.0%	28.0%	38.0%	17.0%
<b>21.</b> Do you fear memory problems will make finding the job you want difficult? (n=101)	25.7%	14.9%	51.5%	7.9%
<b>22.</b> Do you have other concerns that are not listed? (n=101)	69.2%	5.0%	12.9%	12.9%

## **Brain Injury Advisory Council**

---

Nebraska VR engaged the TBI Technical Assistance and Resource Center (TARC) to facilitate a review of the Living with Brain Injury State Plan for 2019-2020 with the BIAC. The group agreed to minor revisions for 2021-2022. The revised Plan was submitted to the Administration for Community Living (ACL) and was posted to the BIAC website. Nebraska VR was able to include our TBI grant objective to build a voice-driven network of individuals with TBI and family members with the state's Olmstead plan this year.

Under a contract with the National Association of State Head Injury Administrators (NASHIA), Nebraska VR finalized content for the Brain Injury Advisory Council (BIAC) new member toolkit, which will live on the BIAC website. Content is designed to help new members gain a basic knowledge of Nebraska's public programs and system of services for people with brain injury, and to help them participate fully in BIAC meetings, committee work and decision-making. The toolkit includes a Mentor curriculum for more seasoned BIAC members to mentor new members.

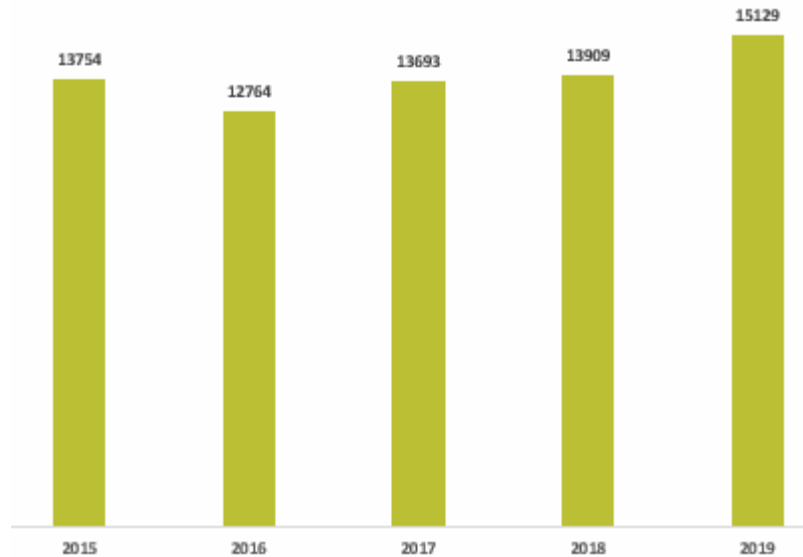
Despite the challenges imposed by the COVID-19 pandemic, Nebraska VR and the BIAC were successful in maintaining a quarterly meeting schedule and continuing committee work by moving to a completely virtual environment.

## TBI Registry Data

This section presents data from 2015 to 2019 from Nebraska’s Traumatic Brain Injury Registry. The TBI Registry collects data using ICD-10 codes (ICD-9 pre-October 2015) relevant to head injury for individuals who visit the emergency department or are hospitalized.

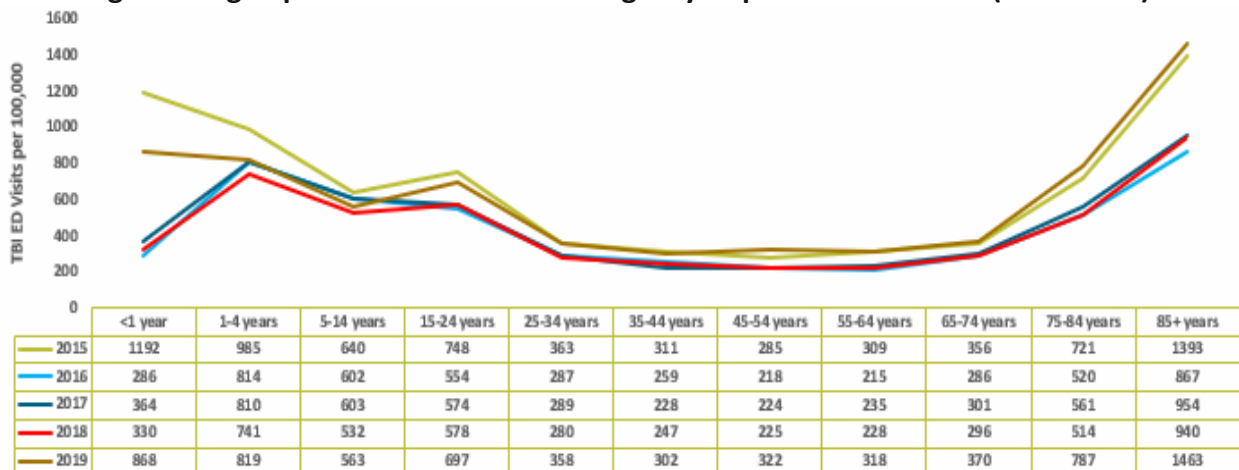
Over the five-year period of 2015-2019, there has been an average of 13,850 cases of traumatic brain injury cases per year in Nebraska (Figure 7).

**Figure 7. Annual Count of TBI Cases (2015-2019)**



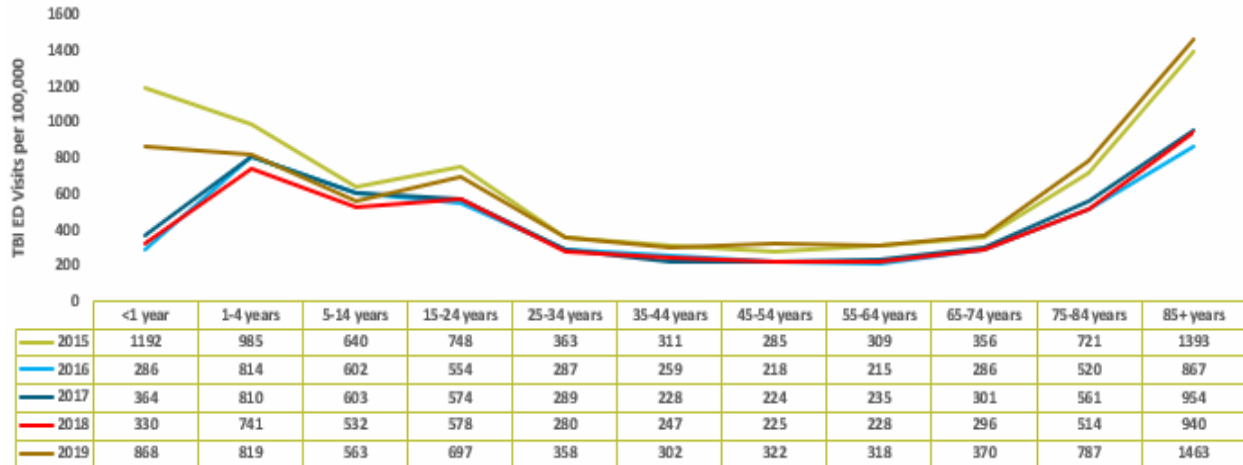
The elderly (those 85 years of age or older) have the highest rates of emergency department visits and inpatient hospitalizations compared to all other age groups (Figures 8 and 9).

**Figure 8. Age-Specific Rates for TBI Emergency Department Patients (2015-2019)**



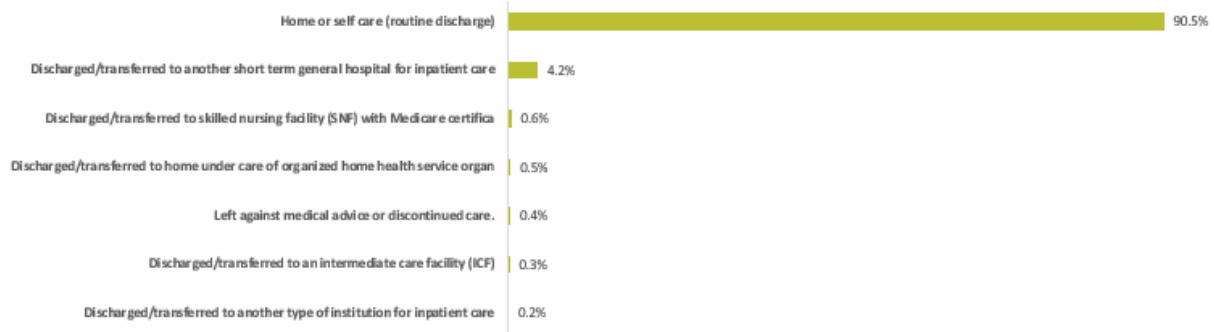


**Figure 9. Age-Specific Rates for TBI Inpatient Hospitalization Patients (2015-2019)**

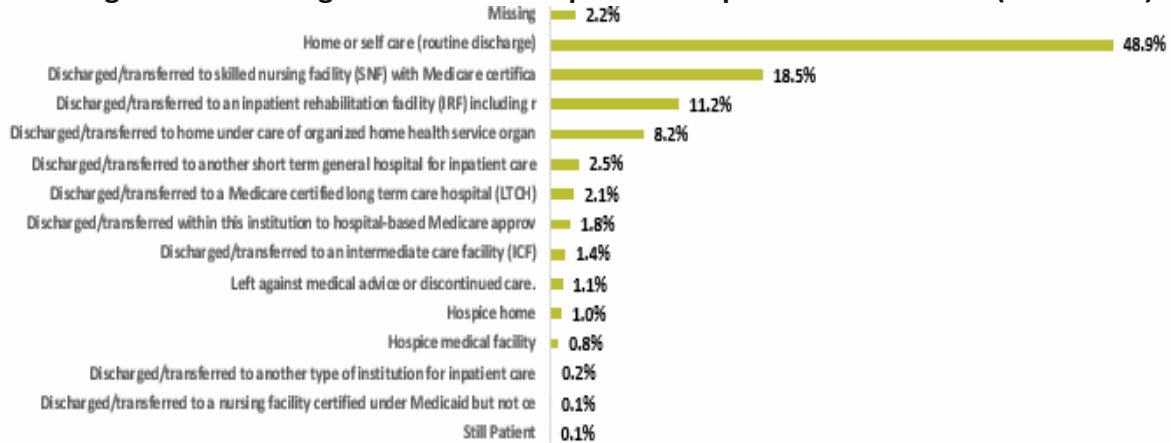


The vast majority (90.5%) of those identified as suffering a TBI and admitted to the emergency department are discharged to home. Whereas, just under half (48.9%) of those identified as suffering a TBI and are hospitalized as an inpatient are discharged to home (Figures 10 and 11).

**Figure 10. Discharge Status for TBI Emergency Department Patients (2015-2019)**

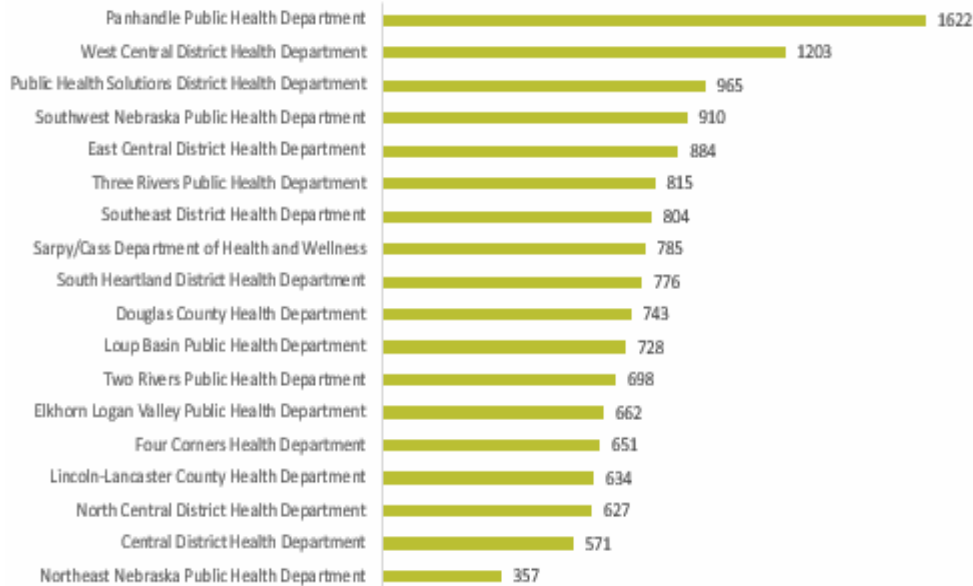


**Figure 11. Discharge Status for TBI Inpatient Hospitalization Patients (2015-2019)**

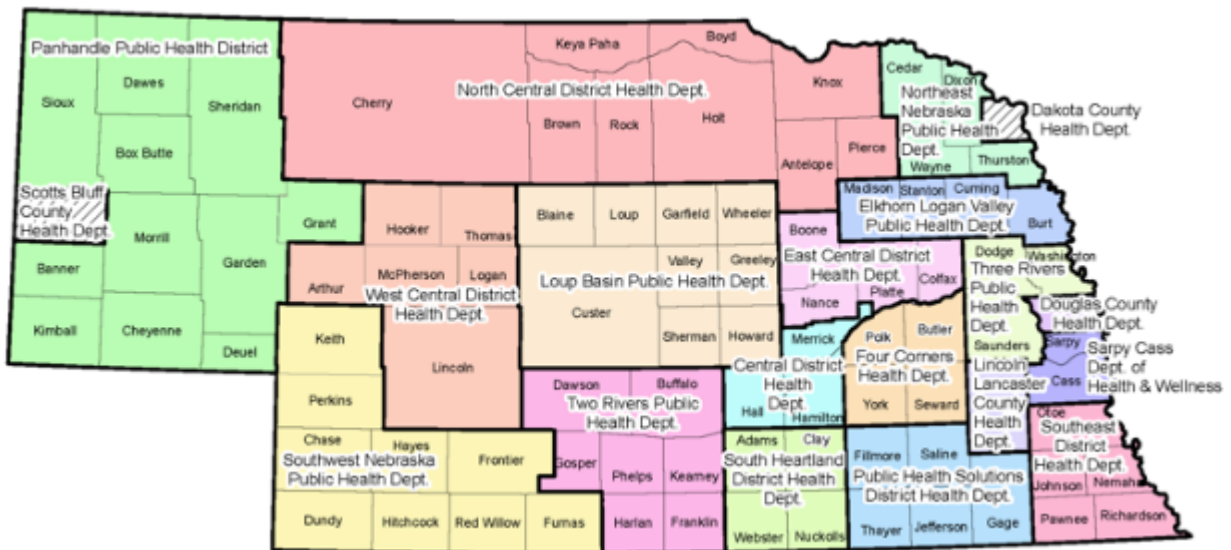


Western Nebraska appears to have the highest rates of TBI, as evidenced by the high rates in the Panhandle and West Central Local Health Districts (Figure 12). See map below (Figure 13) of Nebraska’s local health districts.

**Figure 12. TBI Rates per 100,000 by Local Health District (2015-2019)**



**Figure 13. Nebraska’s Local Health Districts Map**



The leading cause of unintentional TBI-related injuries is falls, accounting for nearly half (47%) of cases in the registry (Figure 14).

**Figure 14. Unintentional Causes of TBI-Related Injuries (2015-2019)**

