NASHIA OBISSS

2024 ANNUAL REPORT

Screening Data for the
2024 Calendar Year

Presented to:

MassAbility

NATIONAL ASSOCIATION OF STATE HEAD INJURY ADMINISTRATORS

TABLE OF CONTENTS

NASHIA OBISSS

WHAT IS OBISSS?

OBISSS (Online Brain Injury Screening and Support System) is an online screening system to determine lifetime exposure to a potential brain injury that is likely to be causing current challenges and to identify those associated challenges that may be present for youth and adults. The system utilizes the validated and reliable online and self-administered version of the Ohio State University TBI-Identification Method (OSU TBI-ID). It is appropriate for ages 10 and up. Any individual can complete the OBISSS screen on their own or with the help of a service professional. OBISSS collects demographic information from individuals to help inform systems of the individuals they serve. If the individual screens positive for having a possible brain injury that is likely to be causing them challenges currently, they are prompted to complete the Symptoms Questionnaire for Brain Injury (SQBI). Tip sheets are delivered, responding to identified challenges, to the individual and to the service professional. OBISSS provides state-specific resources helping individuals access additional services and supports.

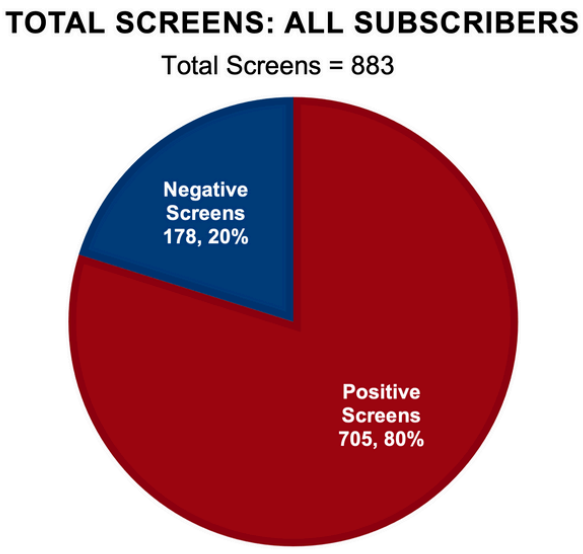
With the partnership of The Ohio State University, MINDSOURCE of Colorado, and the Alabama Department of Rehabilitation Services - Traumatic Brain Injury Program, OBISSS launched in January of 2023. Since it's inception, the program has grown nationally to include over 15 subscribers and has collected support from the Department of Justice's Bureau of Justice Administration (Megan Davidson and Kate Reed, Mind Matters: Building a Justice System That Is Inclusive and Responsive to Brain Injury. New York: The Council of State Governments Justice Center, 2024).

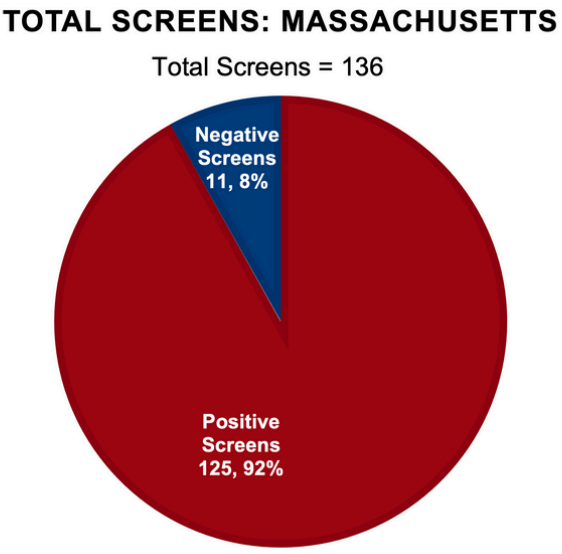
COMPARING AGGREGATE DATA AND MASSACHUSETTS DATA

What is "Aggregate Data?"

OBISSS data is collected from across all active subscribers, then combined into a single, comprehensive dataset. In addition to showing data from one subscribing state or organization in this report, the aggregate data provides a broader overview of OBISSS collected data as a whole.

The primary purpose of this aggregation is to make it easier to identify trends, patterns, and comparisons with other subscribers.





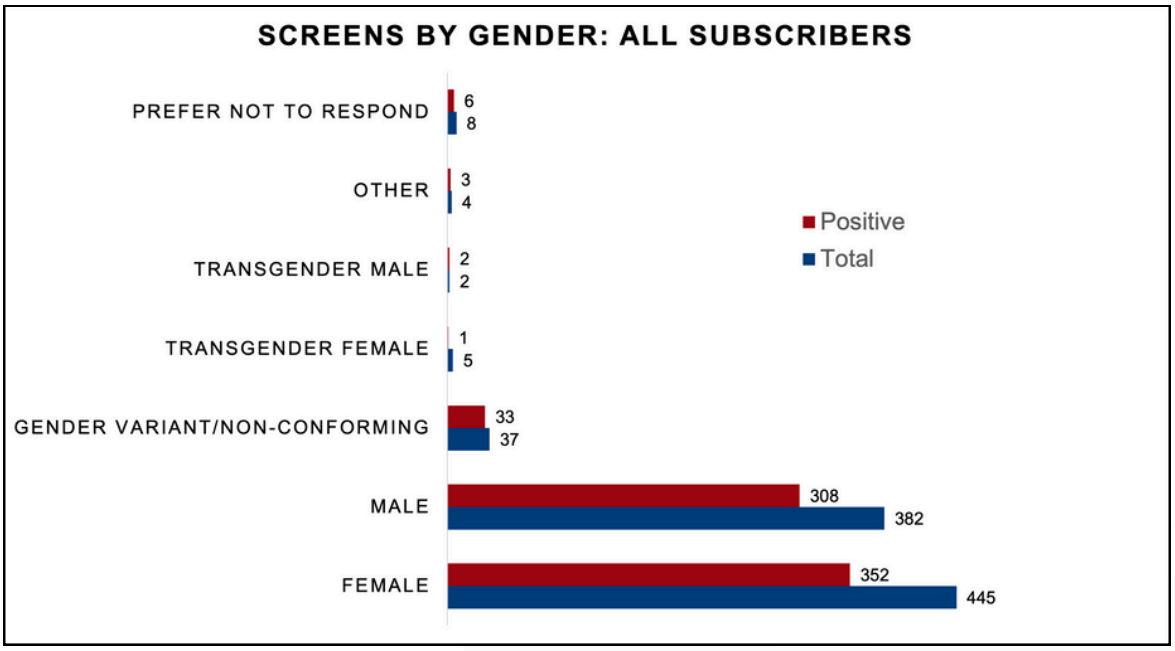
DEMOGRAPHIC ANALYSIS - GENDER

OBISSS screenings from all subscribers and across different gender identities reveal a **high rate of positive screenings across all groups**, emphasizing the widespread impact of brain injuries.

Among the largest two groups screened, **males had the highest positive results, where 81% (308 of 382) received a positive result**, with **females showing the second highest positive results with 79% (352) indicating a positive result**. This suggests that while females may access screening services more often, males who do get screened are just as likely to have a positive screen. Notably, individuals identifying as **gender variant/non-conforming also exhibited a high rate of positive screenings (33 out of 37, or 89%)**, indicating a potential need for increased outreach and specialized support.

While the total number of screenings for transgender individuals was lower, **transgender males had a 100% positive screening rate (2 of 2), while transgender females had a lower proportion of positive results (1 of 5)**. Similarly, those identifying as **"other"** and those who preferred not to respond also had high rates of positive screenings both at 75%.

Overall, the data underscores the importance of addressing potential brain injuries across all gender identities, with a particular focus on those communities exhibiting the highest positive rates.

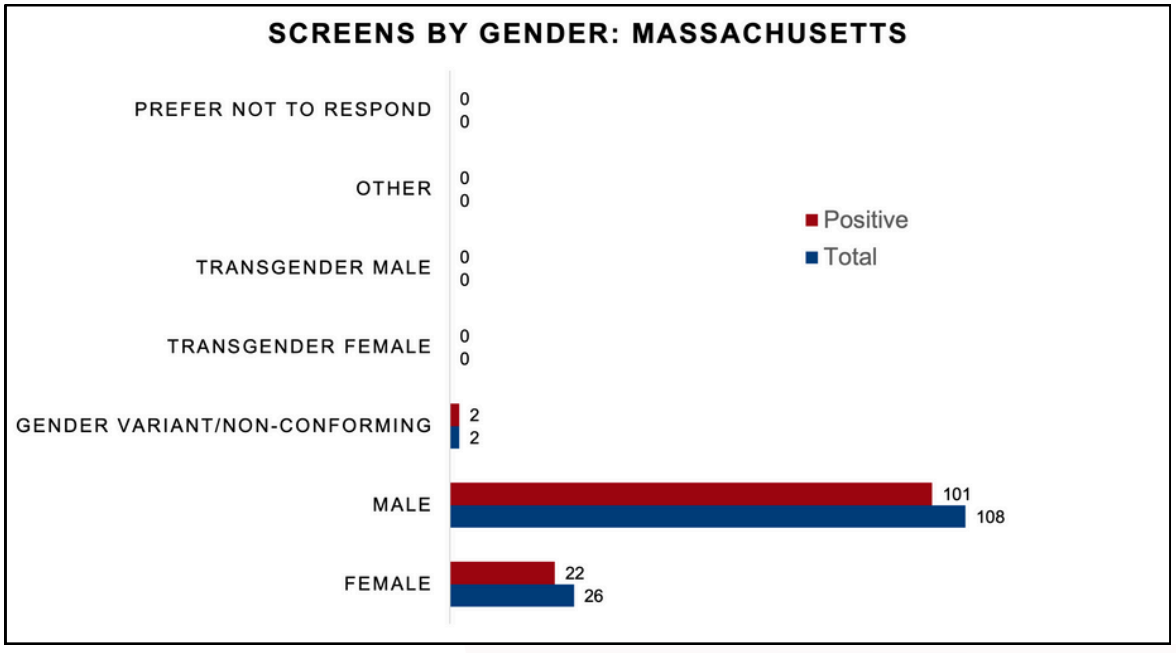


DEMOGRAPHIC ANALYSIS - GENDER

The data from Massachusetts' OBISSS highlights trends in **positive screening rates across different gender identities**. Among the **26 females screened, 84.6% (22 individuals) screened positive** for a potential brain injury that is likely to be causing current challenges. Similarly, out of the **108 males screened, 93.5% (101 individuals) received a positive result**, indicating a high prevalence of brain injuries among male respondents.

Additionally, while the sample size is small, both individuals identifying as **gender variant/non-conforming (100%) screened positive**, suggesting a need for further research and targeted outreach within this population. No positive screenings were recorded for respondents identifying as **transgender female, transgender male, or "other"**, but this could be due to a lack of participation rather than an absence of need.

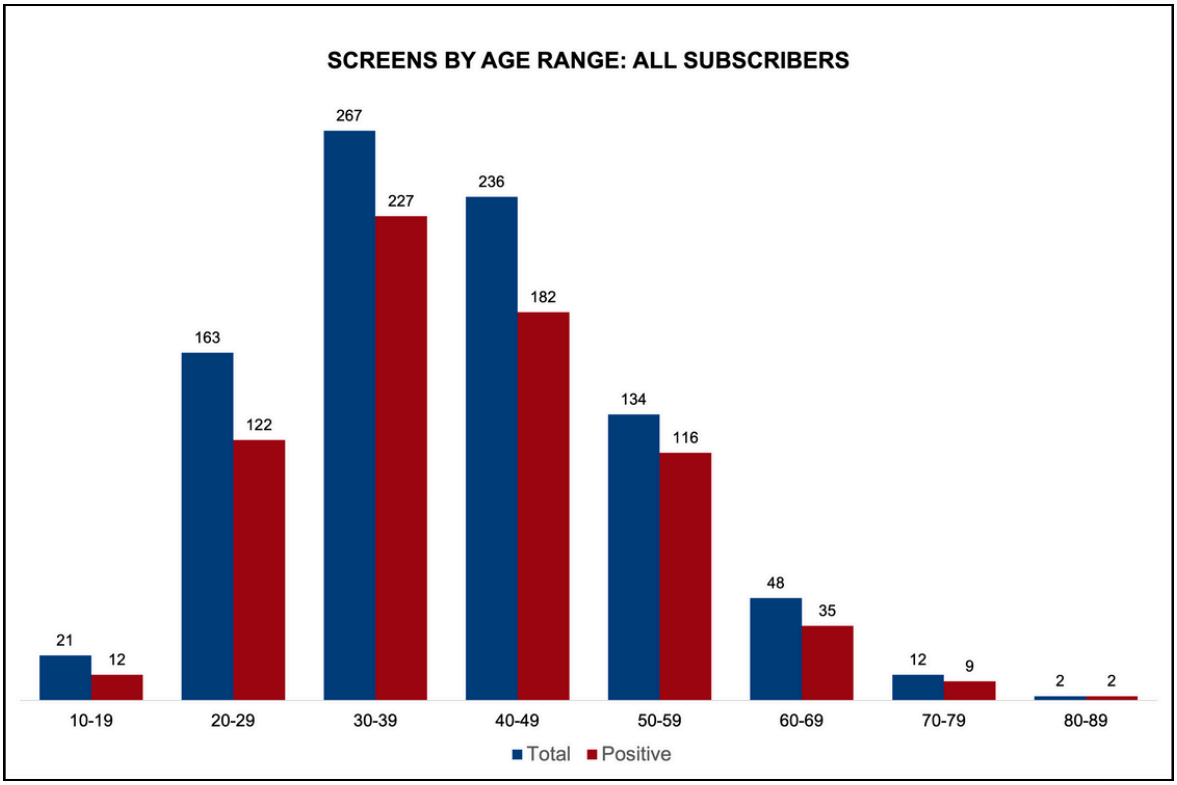
Moving forward, efforts to **increase participation among underrepresented gender identities** could ensure that all individuals have access to the necessary resources and support.



DEMOGRAPHIC ANALYSIS - AGE RANGE

Key trends are of note across different age groups screened by all subscribers, emphasizing the need for targeted awareness and intervention. The highest number of screenings occurred among individuals aged **30-39**, with **267 total screenings** and **227 positive results (85%)**. Similarly, the **40-49** age group saw **236 total screenings**, with **182 identifying a potential brain injury (77%)**. The **20-29** and **50-59** groups also showed high levels of engagement, with **163 and 134 total screenings**, respectively, and a significant proportion of positive results **(75% and 87%)**. These numbers indicate that individuals in their working-age years may be at a heightened risk or are more likely to seek screening.

While the overall number of screenings declines in older age groups, the **percentage of positive results remains high**. Among those aged **60-69, 48 screenings were conducted**, with **35 returning positive (73%)**. Even in the **70-79** and **80-89** age brackets, where screenings were less frequent, the majority of individuals screened received positive results **(75% and 100%, respectively)**. These findings highlight the critical need for ongoing outreach, particularly in older populations who may be under-screened but still at risk. By continuing to promote screening efforts across all age ranges, we can ensure earlier identification and better support for those affected by brain injury.

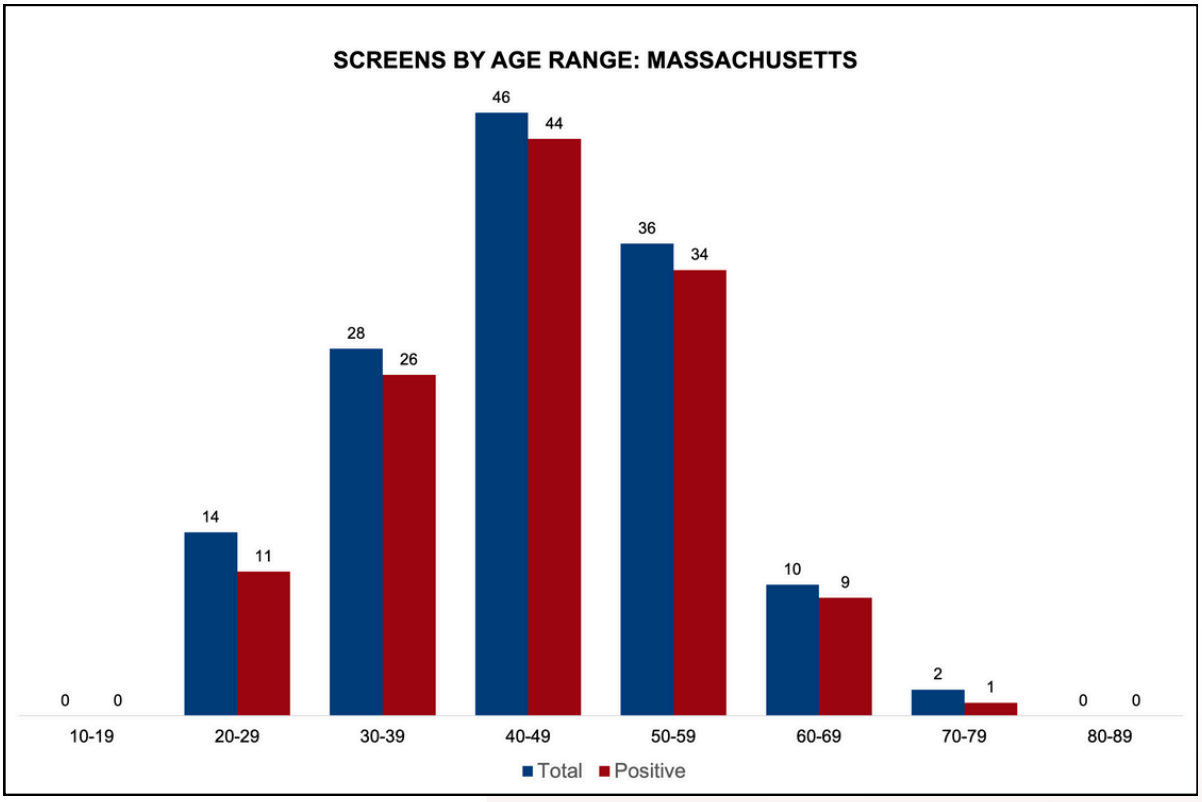


DEMOGRAPHIC ANALYSIS - AGE RANGE

The Massachusetts OBISSS data reveals **trends across age groups**, with **high positive screening rates in individuals aged 30-59**. The **40-49 age group had the highest total screenings (46), with 95.7% (44 individuals) screening positive**. Similarly, **the 30-39 age group saw 92.9% (26 out of 28) screen positive**, and **the 50-59 age group followed closely with 94.4% (34 out of 36) screening positive**.

Among younger adults, **the 20-29 age group had a lower overall screening count (14), with 78.6% (11 individuals) screening positive**. Meanwhile, older adults had a smaller representation in the data, with **the 60-69 age group showing a 90% positive rate (9 out of 10 screenings)** and **the 70-79 age group recording a 50% positive rate (1 out of 2 screenings)**. No screenings were recorded for individuals aged **10-19 or 80-89**.

The lower screening and positive rates in older adults may indicate **barriers to screening access or underreporting of symptoms**. These insights reinforce the need for **targeted outreach and education efforts**, particularly for younger and older populations, to ensure early identification and intervention for brain injuries.

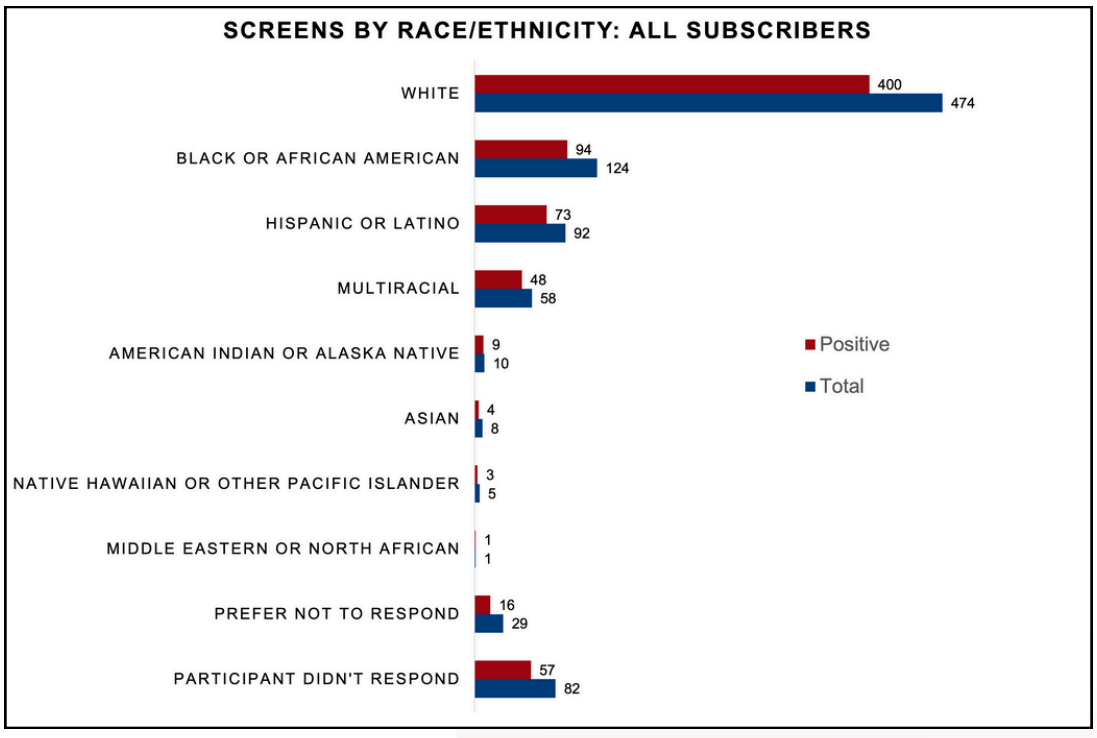


DEMOGRAPHIC ANALYSIS - RACE/ETHNICITY

The 2024 aggregate OBISSS data highlights patterns in screening participation and positive results across different racial and ethnic groups. The largest number of screenings was among **white participants (474 total), with 400 positive results (84%)**, followed by **black or African American participants (124 total), with 94 positive results (76%)**. **Hispanic or Latino individuals also had a high screening rate, with 92 total screenings and 73 positive results (79%)**. These numbers indicate strong engagement in screenings among these populations, with consistently high positivity rates.

Other groups also demonstrated notable trends. **Multiracial participants had 58 screenings, with 48 positive results (83%)**, while **American Indian or Alaska Native individuals had one of the highest positivity rates (90%), with 9 of 10 screenings being positive**. Smaller sample sizes were recorded for **Asian (8 total, 4 positive), Native Hawaiian or other Pacific Islander (5 total, 3 positive), and Middle Eastern or North African (1 total, 1 positive) individuals**, though positivity rates remained high.

A significant portion of participants either **did not respond (82 total, 57 positive, 70%) or preferred not to disclose their race/ethnicity (29 total, 16 positive, 55%)**. These findings highlight the importance of ensuring equitable access to screenings and encouraging all communities to engage in brain injury awareness and early detection efforts. By continuing to analyze these trends, we can better tailor outreach and resources to underserved populations, ensuring that those at risk receive the services and support they need.



DEMOGRAPHIC ANALYSIS - RACE/ETHNICITY

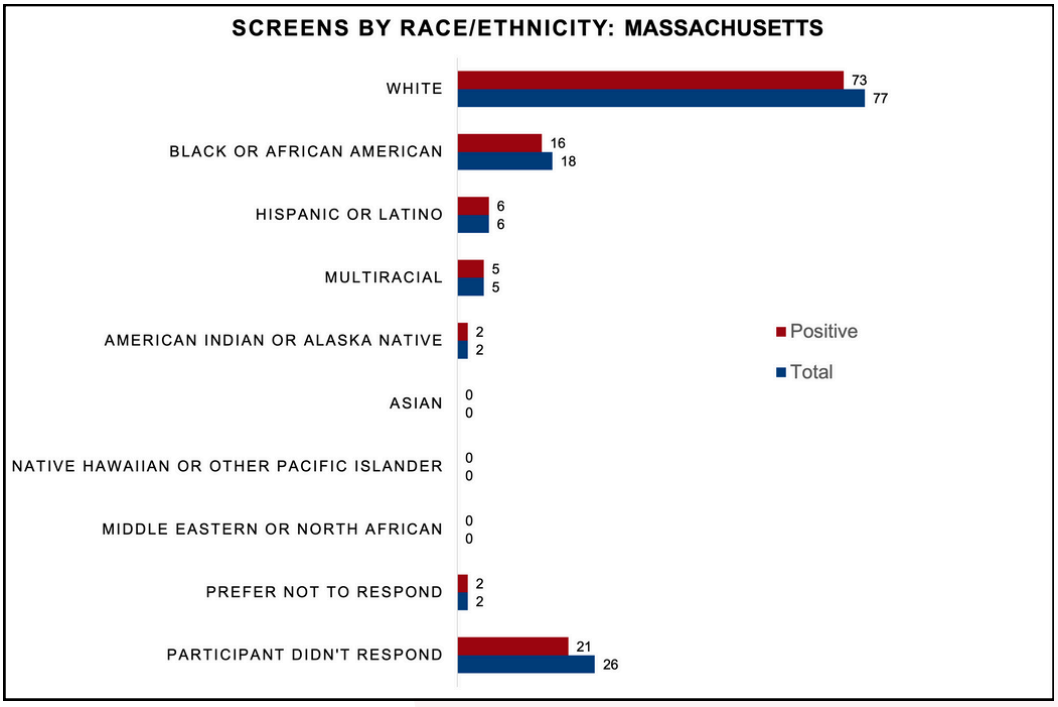
The brain injury screening data for Massachusetts highlights trends across racial and ethnic groups, revealing disparities in both screening rates and positive results. A total of **136 individuals** were screened, with **125 (91.9%)** screening positive for brain injury, indicating that those seeking screenings are highly likely to have a brain injury.

Among the largest screened group, **white participants accounted for 77 screenings (56.6%)**, with a **high positivity rate of 94.8% (73 positive results)**.

Black or African American individuals made up 18 screenings (13.2%), with **16 (88.9%) screening positive**. While this positivity rate is slightly lower than among white participants, it still indicates a strong correlation between seeking a screening and obtaining a positive result. The relatively lower number of screenings among black individuals compared to white individuals may suggest barriers to access or lower awareness of screening opportunities. Smaller racial and ethnic groups demonstrated **100% positivity rates**, including **Hispanic or Latino (6 screenings, all positive)**, **multiracial (5 screenings, all positive)**, and **American Indian or Alaska Native (2 screenings, both positive)**.

A number of individuals—**26 (19.1%)**—did not report their race or ethnicity, with **21 (80.8%) screening positive**. Additionally, **2 individuals preferred not to respond, and both screened positive (100%)**. These cases highlight the importance of encouraging complete demographic reporting to better understand trends and ensure equitable access to screenings. Notably, no screenings were conducted for individuals identifying as **Middle Eastern or North African, Native Hawaiian or other Pacific Islander, or Asian**.

The lack of screenings among some racial groups may highlight the need for **improved outreach and accessibility** to ensure all communities are aware of and able to access brain injury screenings. By addressing these disparities and promoting early screening across all racial and ethnic groups, potential brain injury detection and support services can become more equitable and effective.

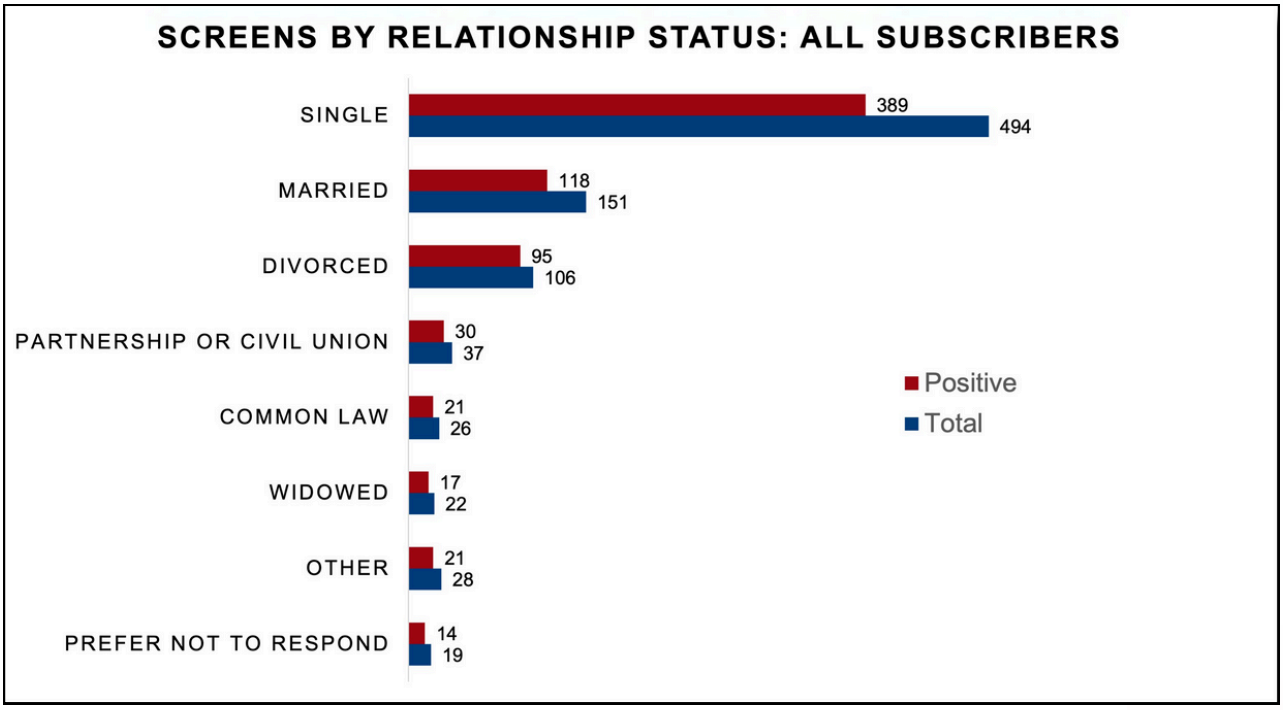


DEMOGRAPHIC ANALYSIS - RELATIONSHIP STATUS

The aggregate screening data illuminates a compelling picture of potential brain injury prevalence across various relationship statuses with **single individuals representing the largest screening group (494 total), of which 389 (79%) had positive results**. Those **divorced individuals who screened had a high screening rate (106 total), with 95 positive results (90%)**. It is possible that individuals living alone may have less support in seeking supports, or be more likely to experience situations, such as homelessness, that increase risk.

Among married individuals, **151 screenings were conducted, with 118 positive results (78%)**, a rate comparable to the single group. Other relationship categories also showed notable trends, such as those in **partnerships or civil unions (37 total, 30 positive, 81%)** and **common law relationships (26 total, 21 positive, 81%)**, both of which had high positivity rates. **Widowed individuals (22 total, 17 positive, 77%)** and those in the **"other" category (28 total, 21 positive, 75%)** also showed consistent positivity trends.

A smaller number of participants **preferred not to respond (19 total, 14 positive, 74%)**, but their positivity rate remains in line with other groups. These findings highlight potential social factors influencing brain injury risk or screening engagement. Understanding these patterns can help refine outreach efforts, ensuring that relationship status is considered when developing educational campaigns and support services.



DEMOGRAPHIC ANALYSIS - RELATIONSHIP STATUS

The Massachusetts OBISSS data provides insights into how relationship status may relate to both screening rates and positive results. A total of **136 individuals** were screened, with **125 (91.9%) screening positive for potential brain injury**. While high positivity rates are observed across most relationship categories, certain groups demonstrate particular trends.

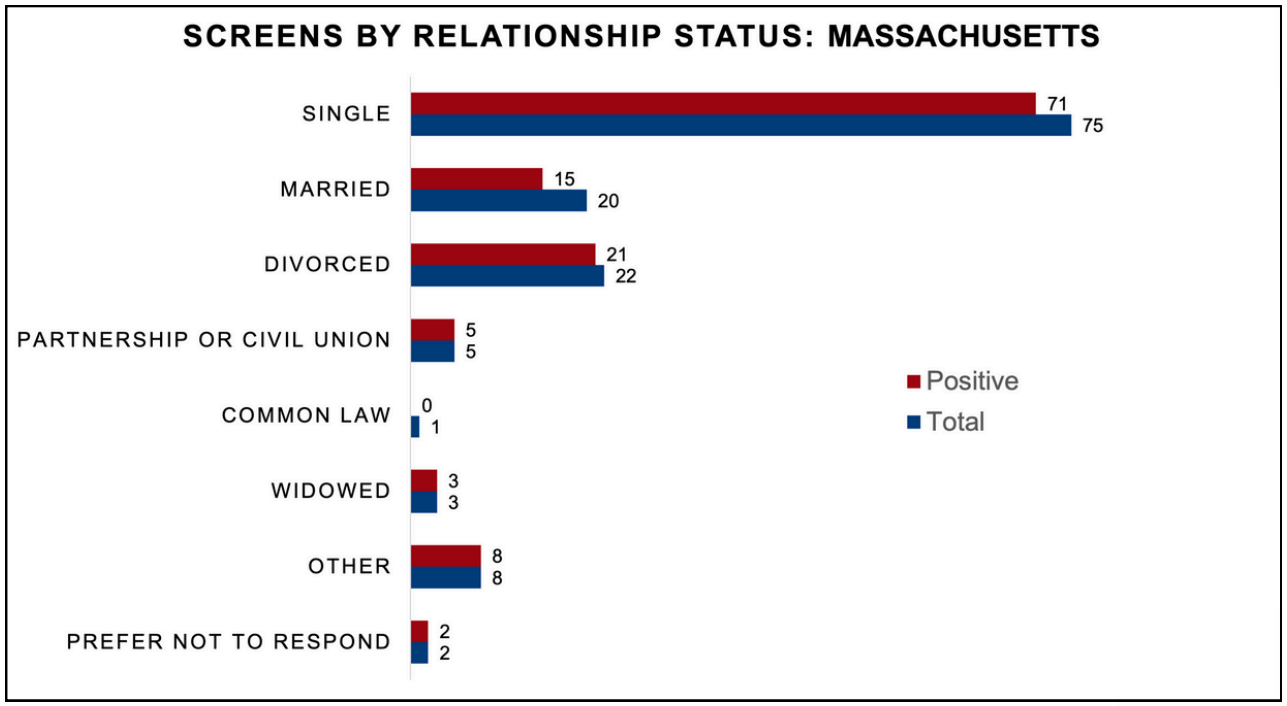
The largest group screened was **single individuals, who accounted for 75 screenings (55.1%)**. Among them, **71 screened positive, reflecting a high positivity rate of 94.7%**.

Divorced individuals also had a high screening count (22 total, 16.2%), with **21 screening positive (95.5%)**. Among those who are **married (20 screenings, 14.7%)**, **15 individuals (75%) screened positive**. While still a significant percentage, this is one of the lower positivity rates among relationship categories.

Smaller relationship groups also showed trends. **All individuals in the "other" (8 total), widowed (3 total), and partnership or civil union (5 total) categories screened positive (100%)**. Conversely, the **common law group had 1 screening, which was negative (0%)**, though the sample size is too small to draw broad conclusions.

Lastly, **2 individuals preferred not to disclose their relationship status, and both screened positive (100%)**.

By understanding how relationship status may impact screening trends, targeted outreach and support services can be developed to ensure individuals in high-risk or under-screened groups receive the resources they need.



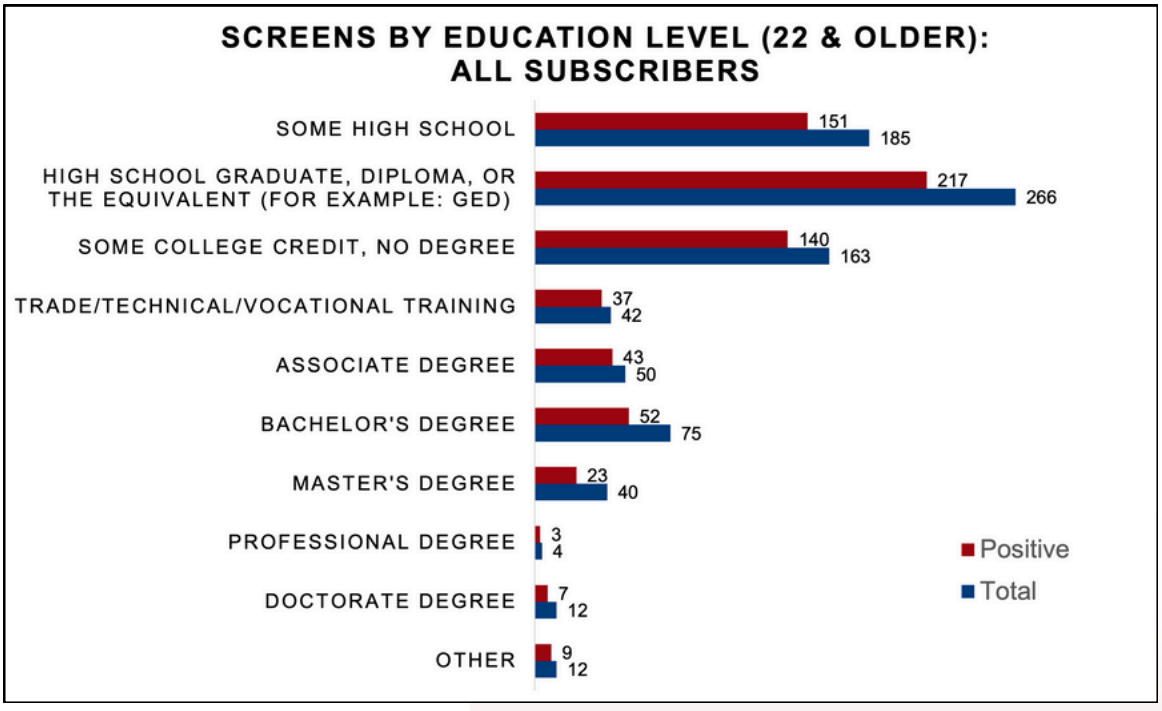
DEMOGRAPHIC ANALYSIS - EDUCATION LEVEL (≥ 22 YEARS OLD)

The annual brain injury screening data for individuals aged 22 and older highlights significant trends based on education level, revealing insights into potential risk factors and access to screening. The highest number of screenings was among those with a **high school diploma or equivalent (266 total), with 217 positive results (82%)**, followed closely by individuals with **some high school education (185 total, 151 positive, 82%)**. Those with **some college credit but no degree also had a high positivity rate, with 163 total screenings and 140 positive results (86%)**. These findings suggest that individuals with lower formal education levels or incomplete higher education may be at greater risk or more likely to seek screenings.

In contrast, individuals with **higher education levels showed lower participation in screenings and slightly lower positivity rates**. For example, among those with a **bachelor's degree, 75 screenings were conducted, with 52 positive results (69%)**, while **master's degree holders had 40 screenings, with 23 positive results (58%)**. The **smallest screening numbers were among those with professional degrees (4 total, 3 positive) and doctorate degrees (12 total, 7 positive), though positivity rates remained moderate (75% and 58%, respectively)**.

Individuals with **trade, technical, or vocational training had 42 screenings, with 37 positive results (88%)**, which is one of the highest positivity rates across all education levels. This may indicate that those in hands-on, physically demanding professions experience higher risks of brain injury. Similarly, the **"other" category (12 total, 9 positive, 75%)** shows a comparable pattern.

These results suggest that **individuals with lower levels of formal education or those in vocational fields may face higher exposure to brain injury risks** due to workplace hazards, physical labor, or other socioeconomic factors. At the same time, the lower screening participation among highly educated individuals may indicate **a gap in awareness or perceived risk**. The data underscores the importance of targeted outreach and support services for individuals with lower educational attainment, as well as the need for continued research to explore the complex relationship between education, socioeconomic factors, and brain injury prevalence.



DEMOGRAPHIC ANALYSIS - EDUCATION LEVEL (≥ 22 YEARS OLD)

The OBISSS data for Massachusetts reveals trends across education levels, showing a correlation between certain education categories and high positivity rates.

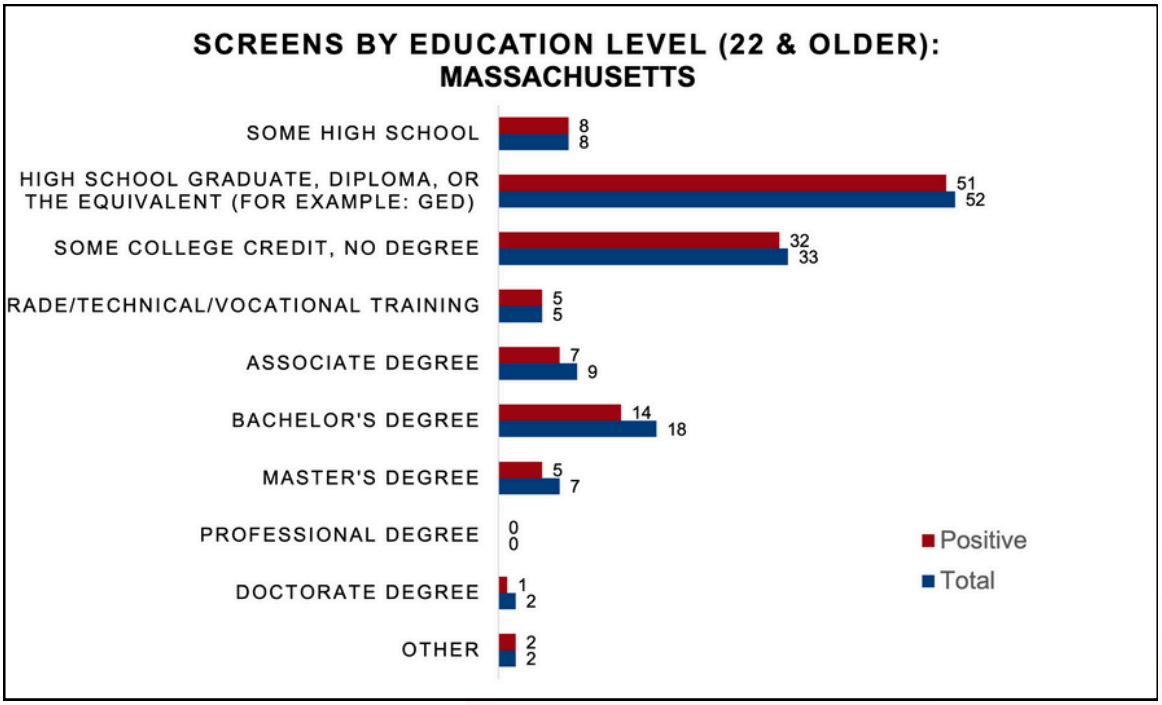
The largest group screened was individuals with a **high school diploma or equivalent (52 screenings, 38.2%)**, with an high positivity rate of **98.1% (51 positive cases)**. Similarly, those with **some college credit but no degree (33 screenings, 24.3%)** showed a positivity rate of **97% (32 positive cases)**.

Among individuals with **a bachelor's degree (18 total screenings, 13.2%)**, **14 screened positive (77.8%)**. This is a lower positivity rate compared to those with less formal education. Similarly, **master's degree holders (7 total screenings, 5.1%)** had a **positivity rate of 71.4% (5 positive cases)**.

Higher education levels showed fewer screenings overall. Only **two individuals with doctorate degrees were screened, with one screening positive (50%)**, while **no individuals with professional degrees were screened at all**.

Additionally, those with **trade, technical, or vocational training (5 screenings, 3.7%) all screened positive (100%)**, indicating a potential need for more outreach and education within these fields. The same was true for individuals with **some high school education (8 total screenings, all 100% positive)**.

This data highlights the importance of **targeted outreach to individuals with lower education levels**, ensuring they have access to early screening and prevention resources before symptoms become severe. Additionally, raising awareness about brain injury risks across all education levels can help encourage proactive screenings and early intervention.



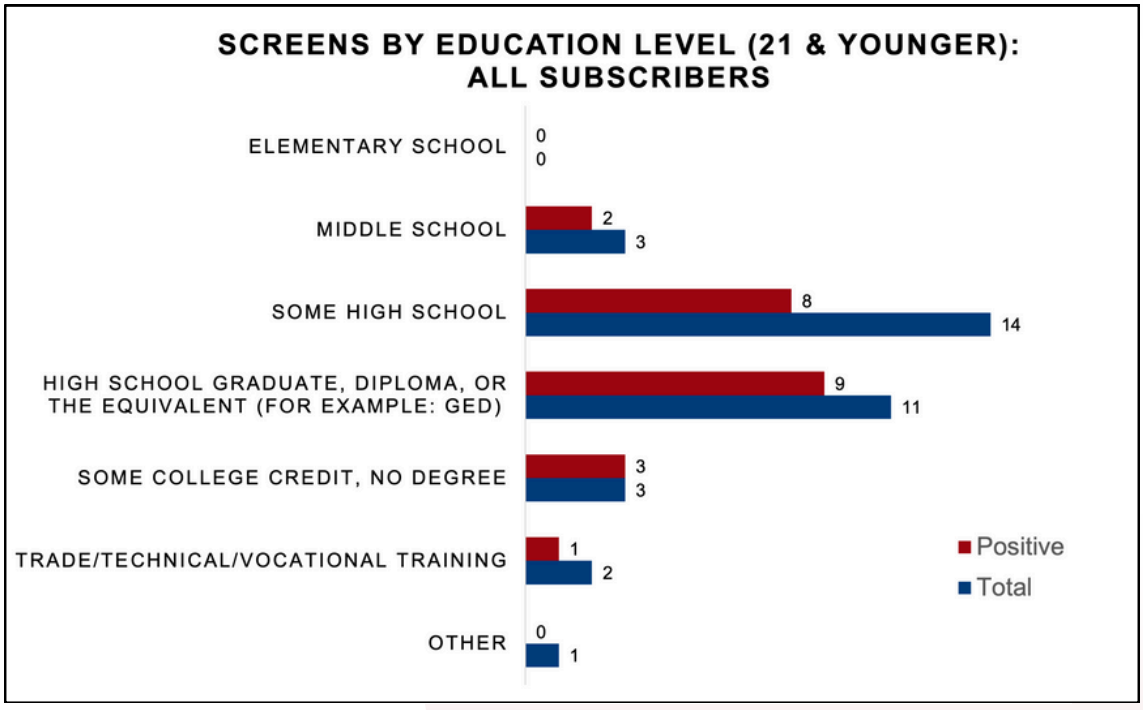
DEMOGRAPHIC ANALYSIS - EDUCATION LEVEL (≤ 21 YEARS OLD)

Viewing the aggregate data of the education levels of screened participants aged **21 and younger,** the highest number of screenings was among those with **some high school education (14 total), with 8 positive results (57%)**, followed by **high school graduates or GED holders (11 total), with 9 positive results (82%)**.

Screenings were less frequent among younger age groups. **Middle school students had 3 screenings, with 2 positive results (67%)**, while there were no reported screenings for elementary school-aged children.

A small number of respondents reported **some college credit (3 total), with all 3 receiving positive results (100%)**, as well as **trade/technical/vocational training (2 total, 1 positive, 50%)**. The **"other" category (1 total, 0 positive)** had minimal representation.

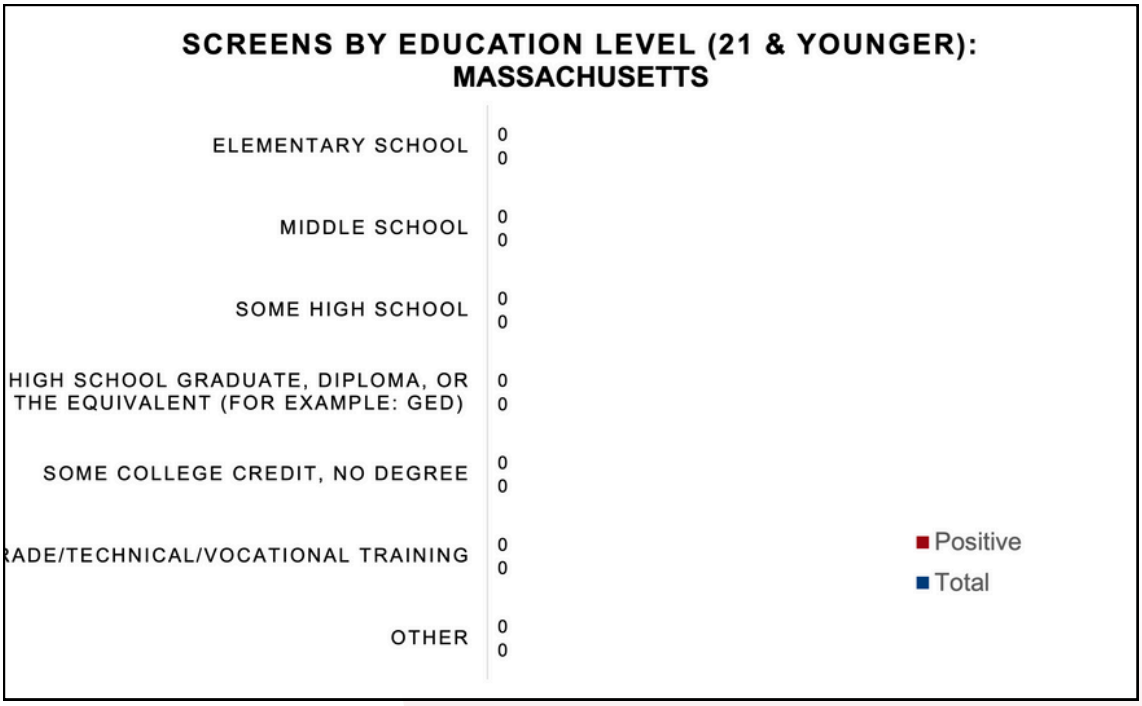
Overall, these results emphasize the importance of **early education on brain injury prevention and the need to expand screening outreach to younger populations**.



DEMOGRAPHIC ANALYSIS - EDUCATION LEVEL (≤ 21 YEARS OLD)

The Massachusetts OBISSS data for individuals **aged 21 and younger** shows **no screenings were conducted for this age group** across all education levels.

Given that **brain injuries can have serious impacts on cognitive development, academic performance, and overall well-being in young individuals**, this data highlights an opportunity for expanded outreach. Schools, pediatric healthcare providers, and youth sports organizations may play a crucial role in ensuring that **children, adolescents, and young adults receive screenings when needed**.



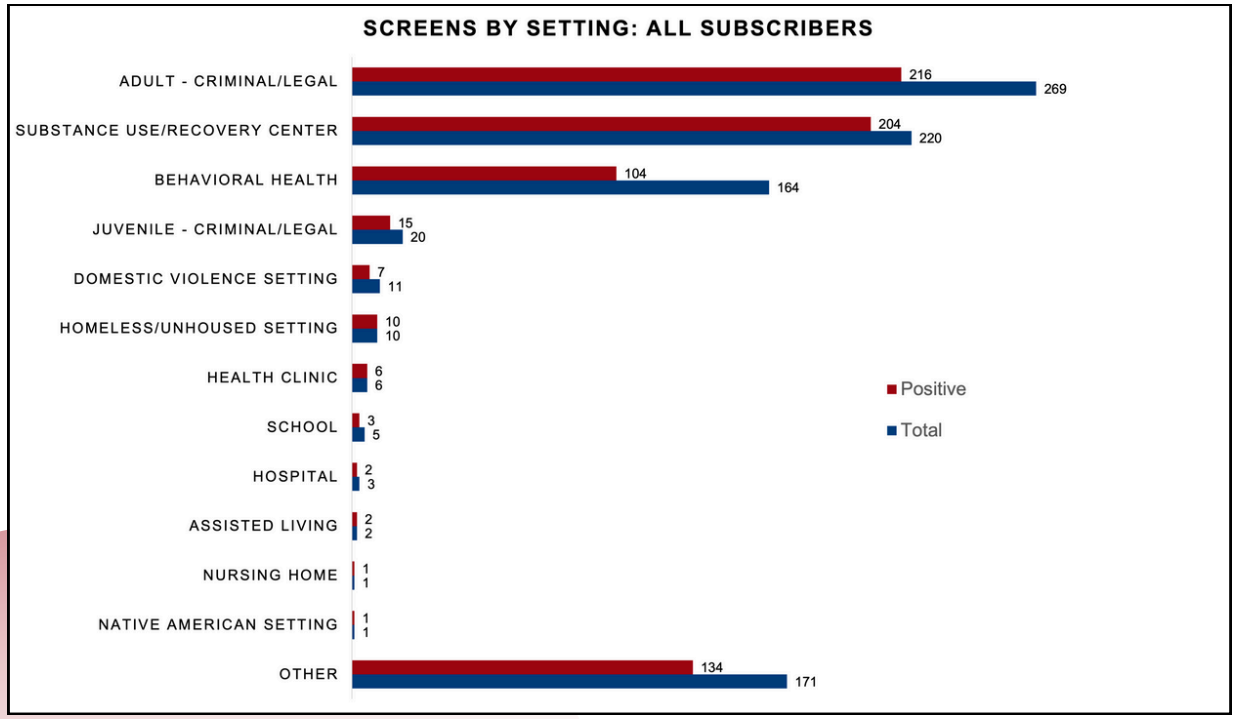
SETTING - AGGREGATE

The data from the overall OBISSS screenings highlights significant trends across various settings, emphasizing the prevalence of positive screenings in high-risk environments. The **highest number of total screenings** occurred in **adult criminal/legal settings (269), substance use/recovery centers (220), and behavioral health facilities (164)**—all of which showed **notably high rates of positive screenings** (80% or higher).

Of particular interest is the **substance use/recovery center setting**, where **93% (204 of 220)** of individuals screened positive for a potential brain injury that is likely to continue to cause challenges, suggesting a critical intersection between substance use and brain injury. Similarly, the **adult criminal/legal system** recorded **216 positive cases out of 269 screenings (80%)**, reinforcing existing research on the link between brain injury and those involved in the criminal/legal system.

Additionally, groups such as those in **homeless/unhoused settings (10 of 10 positive)** and **health clinics (6 of 6 positive)** demonstrated a **100% positive screening rate**, underscoring the need for targeted intervention and support services.

This data reinforces the importance of **early identification and tailored resources** for individuals in high-risk environments, ensuring those affected by brain injuries receive the care and advocacy they need.



SETTING - MASSACHUSETTS

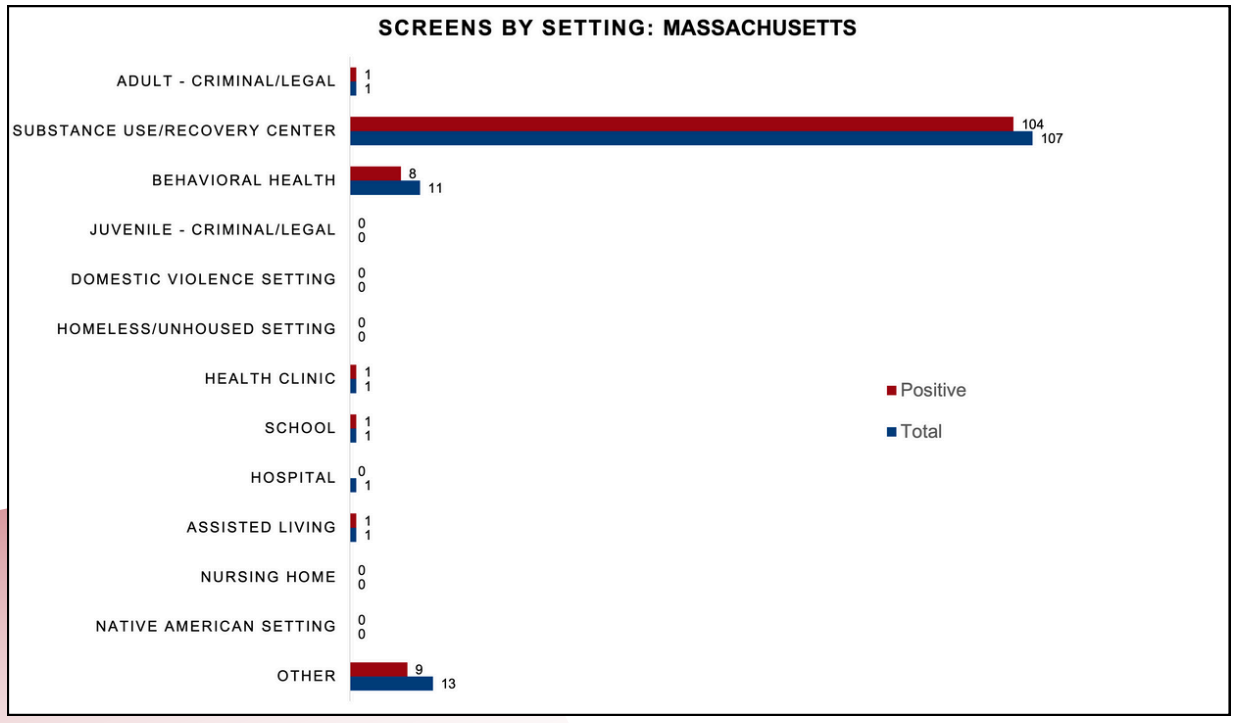
The OBISSS data for Massachusetts reveals **variations in screening rates and positive results across different settings**, highlighting key populations that may be at higher risk.

By far, the highest number of screenings took place in **substance use/recovery centers, which accounted for 107 screenings (78.7%)**. Among them, **104 individuals (97.2%) screened positive**. This overwhelming positivity rate suggests a strong correlation between brain injury and individuals in recovery settings. **Brain injuries can increase vulnerability to substance use, and conversely, substance use can elevate the risk of sustaining a brain injury**—making screenings in this setting particularly critical for identifying and supporting affected individuals.

Screenings in **behavioral health settings also yielded a high positivity rate (72.7%)**, with **8 out of 11 individuals screening positive**. This suggests a meaningful connection between brain injury and mental health conditions, reinforcing the importance of **integrating brain injury screenings into behavioral health services**.

Other settings saw very limited screenings. Only **one screening was conducted in a hospital, and it was negative (0%)**. Similarly, **only one individual was screened in a nursing home, assisted living, school, health clinic, and adult criminal/legal settings**, all of whom screened positive except for the hospital case. No **screenings were conducted in the following settings: juvenile justice, domestic violence shelters, and homeless/unhoused populations.**

This data underscores **the need to expand screenings beyond recovery and behavioral health settings**. **By increasing access to screenings in criminal justice, homeless services, and domestic violence shelters, we can ensure that more individuals receive the care they need**. Addressing these gaps will be critical in **improving early intervention, treatment, and long-term support for individuals living with brain injuries across Massachusetts**.



The "Other" category included such responses as: Addiction treatment, BIA-MA, community based services/setting, conference, home, MassRehab, office, online, therapist office, and work.

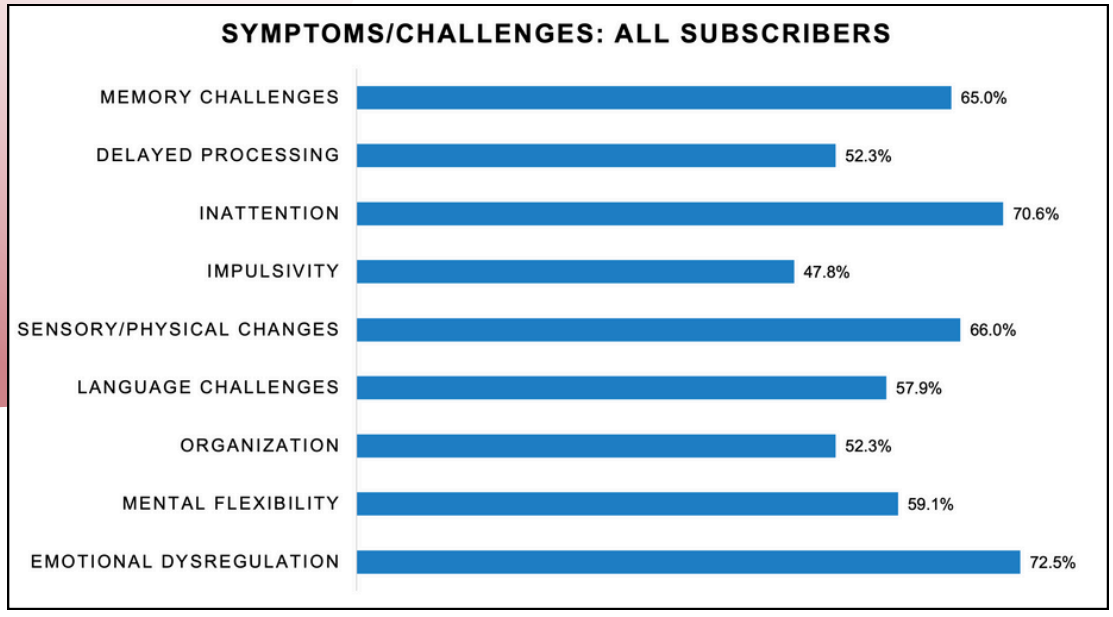
SYMPTOMS & CHALLENGES

The aggregate data on potential **brain injury challenges** among individuals who screened positive highlights key areas where symptoms are most prevalent. The most commonly reported symptom is **emotional dysregulation, affecting 72.5% of respondents**, indicating that difficulties with mood, frustration tolerance, and emotional control are widespread among those with brain injuries. Similarly, **inattention (70.6%) and sensory/physical changes (66.0%)** are highly reported, suggesting that cognitive focus and physical well-being are significantly impacted. **Memory challenges (65.0%)** are another major concern, underscoring the lasting effects brain injuries can have on daily functioning and independence.

Other cognitive challenges, such as **mental flexibility (59.1%) and language difficulties (57.9%)**, are also commonly reported, highlighting how brain injuries can affect problem-solving, adaptability, and communication. **Organization (52.3%) and delayed processing (52.3%)** were reported at similar rates, pointing to struggles with executive functioning and the ability to process information efficiently. **Impulsivity (47.8%)**, while the least reported symptom, still affects nearly half of those who screened positive, which can have significant implications for decision-making and behavior management.

These findings emphasize the complex and multi-faceted nature of brain injury symptoms. The high prevalence of **emotional, cognitive, and sensory challenges** suggests that those affected require comprehensive support services, including mental health care, cognitive rehabilitation, and adaptive strategies for daily living. By addressing these key areas, we can work toward improving quality of life for individuals with brain injuries and developing targeted interventions to better meet their needs.

These results can be used to inform staffing considerations, resource allocation, and training needs.



SYMPTOMS & CHALLENGES

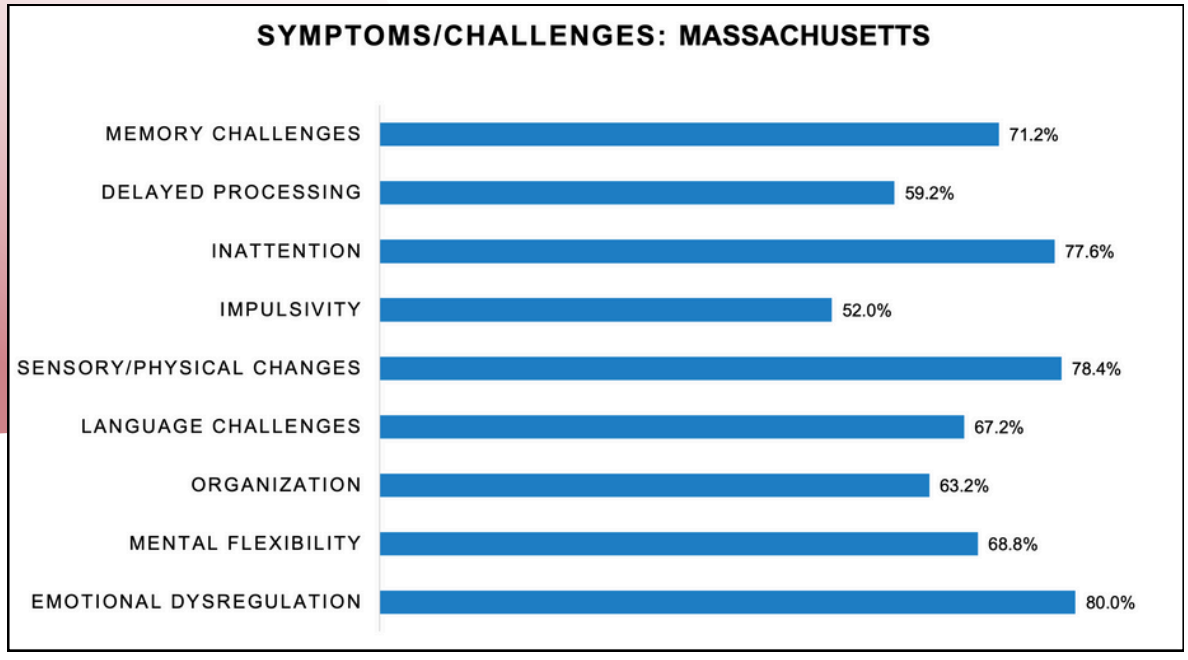
For individuals who screened positive for a potential brain injury within Massachusetts with OBISSS, the data reveals **challenges across multiple cognitive, emotional, and physical domains**, highlighting the impact of brain injuries on daily functioning.

The most commonly reported challenges were **emotional dysregulation (80.0%)** and **sensory/physical changes (78.4%)**, followed closely by **inattention (77.6%)** and **memory challenges (71.2%)**. These high percentages suggest that **brain injuries frequently affect both emotional stability and cognitive processing**, potentially disrupting relationships, employment, and overall quality of life. The prevalence of **memory issues (71.2%)** reinforces the well-documented impact of potential brain injuries on short- and long-term recall, which can create additional barriers to independent living and job retention.

Mental flexibility (68.8%) and **language challenges (67.2%)** were also frequently reported, indicating that many individuals struggle with adapting to new situations and processing or expressing language. This may contribute to difficulties in communication, social interactions, and problem-solving. Similarly, **organization (63.2%)** and **delayed processing (59.2%)** were common challenges, further highlighting the cognitive difficulties those with a potential brain injury face when managing daily responsibilities and navigating complex tasks.

Notably, **impulsivity was reported by 52.0% of individuals**, making it the least frequently cited symptom, but still affecting more than half of those who screened positive. **Difficulties with self-control and decision-making can have serious consequences, especially in work, legal, and personal settings, emphasizing the need for targeted interventions**.

This data underscores the **urgent need for comprehensive support services** that address **emotional, cognitive, and sensory challenges faced by individuals with brain injuries**. Expanding access to **mental health resources, cognitive therapy, and community support programs** will be critical in helping survivors regain independence and improve their quality of life.



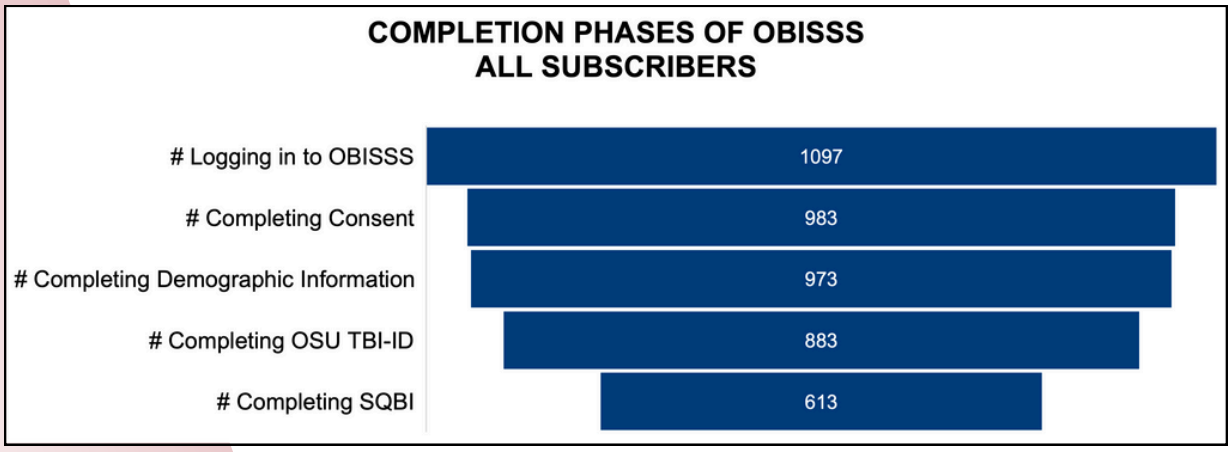
COMPLETION PHASES

The data on **screening system drop-off rates/completion phas**e highlights key trends in participant engagement and areas where individuals are most likely to discontinue the process. The initial stage, **logging into the OBISSS system, saw 1,097 participants**, but a drop-off occurred immediately after, with **983 (89.6%) completing the consent process**. This suggests that nearly **10% of users disengage before providing consent**, potentially due to confusion about the process or lack of commitment to completing the screening.

Following consent, **973 individuals (88.7% of initial log-ins) completed demographic information**, showing a minimal drop-off at this stage. However, a more notable decline occurs when participants move on to the **OSU TBI-ID phase, where only 883 individuals (80.5%) continued**.

The most significant drop-off happens at the final phase, **completing the SQBI, where participation drops to 613 individuals (55.9% of initial log-ins)**. It is important to note that if a negative screen is received, an individual does not proceed to the **SQBI phase**, except for those participants in Nebraska. This, undoubtedly, attributes to the notably drop-off.

This data underscores the need to explore factors contributing to participant disengagement and optimize the screening process for better completion rates.



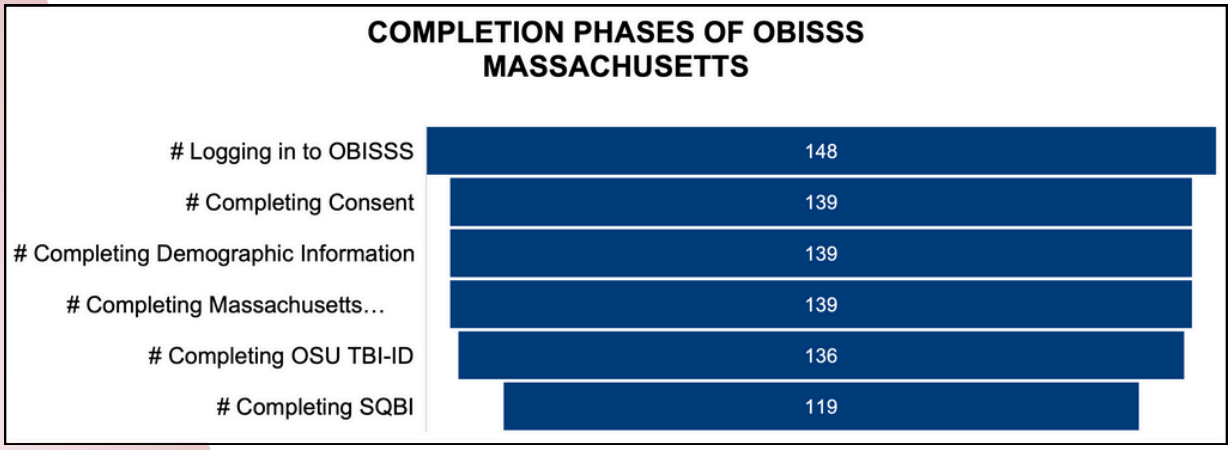
COMPLETION PHASES

The Massachusetts data reveals a **gradual drop-off in participant engagement** as individuals move through the brain injury screening system, with the most significant decline occurring in the later phases of the process. Understanding these trends is important to improving retention and ensuring that more individuals complete the full screening.

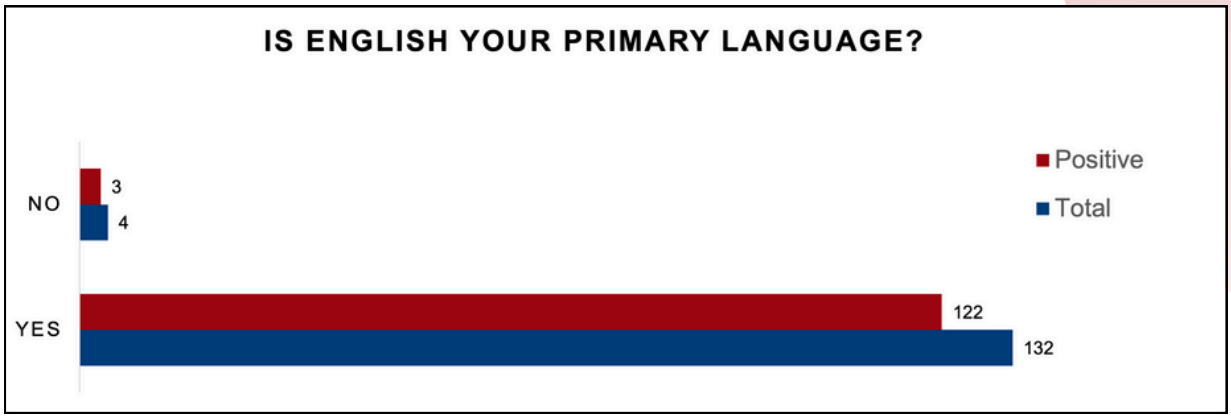
A total of **148 individuals logged into the OBISSS system**, marking the initial stage of engagement. However, **9 individuals (6.1%) dropped off before completing consent**, reducing the number of participants to **139**. From this point, **no further drop-off occurred during the completion of demographic or Massachusetts-specific information**, indicating that once individuals provide consent, they generally remain engaged through the early portions of the screening.

The next notable decrease occurs at the **OSU TBI-ID phase, where participation drops from 139 to 136 (a 2.2% decrease)**. While this drop off is relatively small, it may show an opportunity to talk with those screening professionals to get anecdotal input on this drop off.

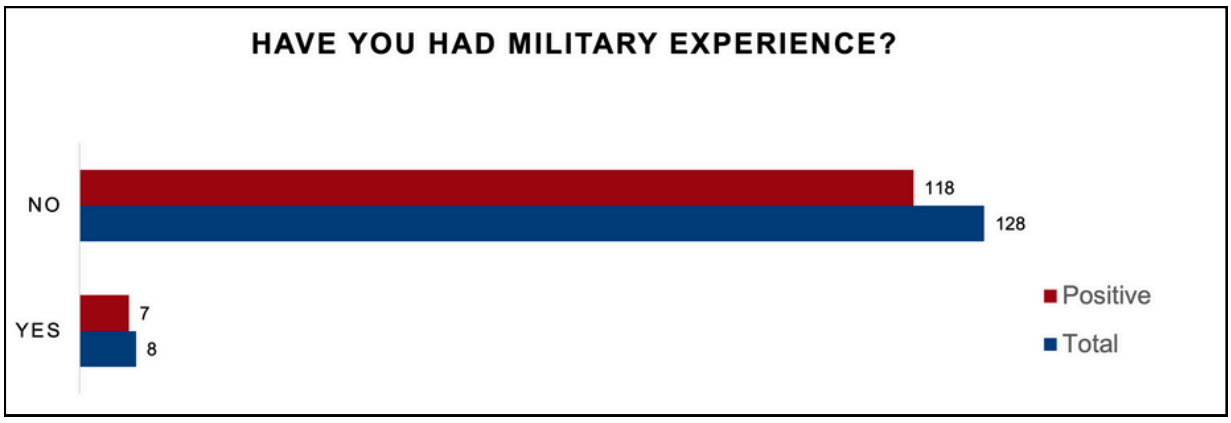
The **largest drop-off occurs at the final phase, the SQBI (Standardized Questionnaire for Brain Injury), where participation drops from 136 to 119—a significant 12.5% decrease**. This is mostly due to only those receiving a positive result on the OSU TBI-ID being prompted to complete the next OBISSS phase that includes the SQBI.



SUBSCRIBER-SPECIFIC QUESTIONS: MASSACHUSETTS



Other languages listed: Greek, Portuguese, Sign Language



LOOKING AHEAD

Planning for 2025

The Online Brain Injury Screening and Support System (OBISSS) is poised for significant growth and enhancement in 2025. Building upon the success of its initial implementation, OBISSS will focus on five key strategic areas:

1. **State and Organizational Expansion:**
   - OBISSS will expand its reach to additional states and organizations to increase screening services.
2. **Spanish Language Translation:**
   - A fully translated Spanish version of the OBISSS platform will be launched.
   - This initiative aims to eliminate language barriers and provide equitable access to brain injury screening and support for Spanish-speaking communities.
3. **Enhanced Subscriber Engagement:**
   - Strategies to increase user engagement will include quarterly subscriber forums.
4. **Increased Implementation and Marketing Resources:**
   - NASHIA is committed to expanding the library of resources available to subscribers to assist with implementation and marketing of OBISSS within their markets.
   - This includes an implementation checklist, on demand training videos, topic-specific materials, and a provider app which includes a quick link to OBISSS and resources.
5. **Continuous Program Improvement:**
   - NASHIA will prioritize ongoing improvements to ensure effectiveness.
   - This will involve gathering user feedback and dialogue among subscribers.

Questions for Massachusetts?

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NASHIA OBISSS