



# HEADLINES

SUMMER 2006

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September 19

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August 15

Walk for Thought  
September 30  
October 7

Check page 2 for more details on these events

Brain Injury Association of Minnesota helpline:  
612-378-2742  
1-800-669-6442

[www.braininjurymn.org](http://www.braininjurymn.org)

## RECYCLE NOW!



Do you have a friend, loved one or colleague who could benefit from this newsletter? If so, pass it on or call the Brain Injury Association of Minnesota and have one mailed to them.

## Minnesota receives corrections grant

by Sharon Rolenc

Addressing traumatic brain injury (TBI) in the corrections system has been largely uncharted territory both locally and nationally. This is about to change in Minnesota.

In April, Minnesota was awarded a three-year federal grant from the Health Resources and Service Administration for its TBI in Correctional Facilities project.

“This is a venture into a ‘new’ system as many efforts have seemingly focused on the health and human services, employment and education services,” said Sharyl Helgeson, mental health program consultant for the Minnesota Department of Human Services. “While there has been some mention of persons with brain injury in corrections, there really has not been much research or specialized efforts



Photo by Sharon Rolenc

Rich Wieber's Bicycle Stunt Show stressed the importance of bike safety at the 4th Annual X-Treme Safety Fest. See page 11 for the full story.

to work with this system.”

The grant was made possible through the joint efforts of the TBI Interagency Leadership Council, and a partnership of eight agencies, including: the Minnesota Department of Human Services (DHS); Minnesota Department of Health, Injury and Violence Prevention Unit (MDH); Minnesota Department of Education (MDE); Minnesota Department of Employment and Economic Development (DEED); Brain Injury Association of

Minnesota; Minnesota Disability Law Center; Defense and Veterans Brain Injury Center at the Minneapolis VA; and the Minnesota Department of Corrections (DOC).

Three key components are addressed through the project: screening for TBI within the corrections system, training and capacity building within correction staff, and the development of

**CORRECTIONS**  
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## Achievement awards announced at Conference

Staff Report

The Brain Injury Association of Minnesota presented two awards for outstanding achievement – the Elinor D. Hands Award and the Outstanding Volunteer Award – during the Annual Meeting at the Statewide Conference on Brain Injury, Saturday, May 20.

The Elinor D. Hands Award is presented by The Brain Injury Association of Minnesota to an individual who has significantly advanced the cause of brain injury or exemplifies accomplishment after brain injury. This award is named for Ellie Hands, the Brain Injury Association of Minnesota's first Executive Director, in honor of the significant impact she had in shaping services for people with brain injury in Minnesota.

This year, the award was presented to Dr. Gregory Murrey. Dr. Murrey works as a neuropsychologist at the Minnesota Neurorehabilitation Hospital where he coordinates rehabilitation activities as part of an interdisciplinary team. Dr. Murrey is diligent in his assessment and treatment of individuals with traumatic brain injury

(TBI) and has worked in a creative and perseverate manner in serving patients with very difficult residual issues related to their brain injury.

As a consultant in addressing state service needs, Dr. Murrey has a long standing involvement with the Department of Human Services TBI Advisory Committee. He has also been involved in outpatient activities for Minnesota Neurorehabilitation Services, conducting outpatient

clinics and offering an increasingly broad array of services to people that experience on-going consequences due to traumatic brain injury.

Dr. Murrey also engages in extensive scholarly activities, including research and various writing of which has advanced the field of

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**Brain Injury Association of Minnesota**

34 13th Ave NE, Suite B001  
Minneapolis, MN 55413

Time Dated Material  
Change Service Requested

## Sign up now for the 2006 Walk for Thought



The Brain Injury Association of Minnesota is hosting its 5th Annual Walk for Thought this fall! The St.

Paul and Blackduck walks will be held Saturday, October 7, and a third Walk will be held at Lake Winona, Winona on Saturday, September 30.

This year the St. Paul walk will be in Como Park.

The Walk is open and accessible to all - including those in strollers or wheelchairs. Walk teams from throughout the state are encouraged to participate.

Each year in the United States, 1.5 million people sustain a brain injury. That's more than *six times* the annual incidence rate of multiple

sclerosis, breast cancer and HIV/AIDS combined.

Brain injury is the leading cause of death and disabilities among children and young adults. However, despite the high rate of prevalence, brain injury is largely an invisible epidemic.

The Walk for Thought is an annual fundraising and public awareness event - an opportunity to increase recognition about the consequences of life with brain injury. More importantly, this walk is a celebration of life, hope and healing.

**This year's goal is to raise \$100,000.**

Several levels of corporate sponsorships are available. For more information on Walk sponsorships, how to get involved this year, or how to start a walk in your area, contact Melissa at 612-378-2742, or 800-669-6442.

Visit the Brain Injury Association of Minnesota Web site for periodic updates at: [www.braininjurymn.org](http://www.braininjurymn.org). Registration brochures, promotional posters and team captain packets will be available online this summer.

## CALENDAR of EVENTS

To register for any of the following classes, please call the Brain Injury Association of Minnesota at 612-378-2742 or 1-800-669-6442. Unless otherwise noted, classes are held at the Association office, 34 13th Ave NE, Suite B001 in Minneapolis.

### July 18, Sept. 11 and Sept. 19: Brain Injury Basics 1

Confusion. Frustration. Sorrow. Anger. Fear. Isolation. These are some emotions a person with brain injury may feel after injury. Families, friends & loved ones may feel this way, too.

Learn about the impact of brain injuries caused by concussion, traumas such as crashes or falls, stroke, aneurysm & coma.

Learn about what brain injury is; the common side effects of brain injury; compensation techniques; and tips about how to relate to people who have sustained brain injury.

Class starts at 6 p.m. and runs until 8:30 p.m. The class is free for persons with persons with brain injury and their loved ones, and costs \$20 for professionals.

Please note: September 11 class will be held from 7-9 p.m. in Room 0310 (lower level) at Immanuel St. Joseph Hospital in Mankato.

The September 19 class will be held at Bethesda Rehabilitation Hospital, 7th floor conference room, 559 Capital Blvd, St. Paul.

### August 15: Brain Injury Basics 2

This class addresses the life change that occurs with brain injury, including: major stages of adjustment, emotional aspects of the change, and adjustment difficulties.

Adjustment to disability may be described as a series of stages or major tasks, which may not always be neat and orderly. Individuals progress through the stages at different rates, and adjustment is a life-long process. Emotional aspects of disability can be a major factor in outcomes. Class starts at 6 p.m. and runs until 8:30 p.m.

### July 29: Wednesday Workshop Speed Still Kills: Methamphetamine Identification and Treatment

*Presenter: Rick Moldenhauer, MS, LADC, ICADC, LPC of the State Methadone Authority*

Using pictures and actual items, the presenter will discuss the manufacturing process of methamphetamine, identifying particular items to look for and be aware of indicating a production lab is in the area. He will also discuss how to identify the methamphetamine addict by symptoms of use and withdrawal. In addition, Moldenhauer will address current State and Federal research of best practices for day-to-day treatment and recovery of the methamphetamine user.

The presentation also teaches how to recognize methamphetamine in both legal and illegal forms and uses: chemistry of amphetamines, different amphetamine medications, Minnesota demographics of methamphetamine users, and brain chemistry and interactions with methamphetamine.

Wednesday Workshops will be held at the Association office in Minneapolis from 1:30 to 4 p.m. The cost to attend one workshop is \$40 per person. Unless otherwise indicated, certificates of attendance will be provided upon completion of training.



**Brain Injury Association of Minnesota**

34 13th Ave NE, Suite B001  
Minneapolis, MN 55413  
612-378-2742 or 800-669-6442  
fax: 612-378-2789  
[www.braininjurymn.org](http://www.braininjurymn.org)  
Email: [info@braininjurymn.org](mailto:info@braininjurymn.org)

### Mission

The mission of the Brain Injury Association of Minnesota is to enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury.

### Board of Directors

Sue Lepore, Board Chair	Andrew Kiragu	Dave Scott
Kathy Anderson	Robin Landy	Kate Shannon
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Jim Collins	Craig Martinson	Quincy Stroeing
Emily Fuerste	Russ Philstrom,	Terri Traudt
Jeff Gagnon	Past Chair	Pat Winick
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Andi Billig, Public Awareness Assistant  
Raye Black, Multicultural Outreach Coordinator  
Michelle Brandes, Case Manager Supervisor  
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Christina Saby, Senior Resource Facilitator  
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Jennifer Taylor, Case Manager  
Janis Carey Wack, Director of Consumer Services  
Janice Webster, Volunteer Program Associate

### Editorial Policy

Headlines is published quarterly by the Brain Injury Association of Minnesota. The Editor reserves the right to edit submitted materials for style and space. The Association does not endorse, support, or recommend any specific method, facility, treatment, program, or support group for persons with brain injury and their families. Please call for advertising rates.

### Letters to the Editor Policy

Letters to the Editor should be limited to 300 words. Letters may be edited for spelling, grammar and length. In order for letters to be considered, please include your name, address and the daytime phone number of the author. The Association reserves the right to refuse letters for publication, and submission of material does not guarantee publication. Opinions expressed in Letters to the Editor are solely those of the author and do not represent the opinions or positions of the Association.



# PERSPECTIVE

## Message from outgoing board chair: Get involved

### From the Board Chair Russ Philstrom

As I sit at my desk, it is very hard to realize my year as Chairperson for the Brain Injury Association of Minnesota has already reached its end. Time really does fly when you are having fun and doing things you enjoy. I want to thank everyone for their support of the Brain Injury Association of Minnesota.

There have been so many changes since I became a board member in April 2000, including several new people on the board of directors and a much larger staff serving in many new

and exciting areas we had not even thought of when I first started. I have always felt we had a great group of people, but I am thrilled with the talent and sincere interest that is so evident in our professional staff and the current board members. To have a group like this who serve persons in their path to recovery from brain injury seems like a dream come true for me.

As we move into the next year, let us welcome Sue Lepore as the new Chairperson and make every effort to ensure this next year is the best we have ever had. Sue is a dedicated professional who serves persons with brain injury and deserves the finest support we can provide.

We have entered into an exciting collaboration with the Department of Corrections and Department of Human Services. Through a federally funded grant, the collaboration will

address the issue of brain injury among those incarcerated in our state. This collaboration will begin the work of determining how brain injury has impacted the population in correctional facilities and how receiving appropriate treatment and counseling may impact better outcomes. We certainly hope to offer help to some of these individuals so they are connected to resources that will assist them in better choice making as they rejoin free society.

There are many new ways the Brain Injury Association of Minnesota is moving forward to help our fellow citizens and there is a never ending need for our financial and personal support for these activities. Are you a member of the Brain Injury Association of Minnesota? Have you volunteered for any of the events or work

projects? Do you have suggestions for improving our work? Do you know of persons who could be helped by our organization?

Getting involved is your choice and you do not have to do these things every day – it doesn't have to take a lot of your time. If you can find some spare time to contribute, you will find that your efforts will make a difference for others, and you will feel good about yourself in the process. The times when individuals with brain injury or their families have thanked me for helping them find answers to their problems have been the most wonderful moments of my six years here.

Once again, I must say THANK YOU for letting me be a small part of this wonderful opportunity to improve the lives of Minnesotans with brain injury.

## Deconstructing happiness

To truly understand a concept like happiness, we must deconstruct it. We must strip away all the excess baggage and look at what we have left. When you take a concept like happiness, you have to get rid of a lot of baggage. Everyone wants happiness, yet no one seems to have enough of it.

First we have to understand what it is we are truly after. What is happiness? What makes us happy and why? If you've read enough of my essays perhaps you can see my reply coming. *It will be at least a little different for everyone, but since we are all humans it will also be a little the same.* Here is my take on happiness.

When I am happy I accept myself totally. Note that I have skipped by the whole stripping away process of deconstruction. When you reach the core concept you achieve an 'I got it' moment, a 'eureka!'

When I started writing this I developed a long laundry list of things that meant happiness to me, or things that caused me to be happy. Then, one by one, I eliminated things until I was left with the one thing that was imperative to happiness for me. I then held this jewel up in the light and examined it closely.

Here was the absolute core concept; anything else would merely be an obscuring layer. Pure happiness was a state of joy independent of anything else.



The first thing I noted is that happiness is not affected by external circumstances. This is important because it puts happiness completely in my control and prevents me from blaming my lack of happiness on anyone or anything else.

The next thing I looked at was how we act when we're happy. When we're happy we want only happiness for everyone. We want to share our happiness with other people because when we share joy, it increases.

In a previous essay titled "Act Happy to be Happy" I discussed how it is a proven medical fact that if you just smile and laugh your body will heal itself much faster. Likewise with depression and the outside appearances of depression like frowning and slumping etc., if reversed, can change the body's chemistry and create joy.

So, in putting all this together, the path towards happiness seems pretty obvious. Radically accept myself and act happy towards myself and others.

Loving yourself is easy with the right perspective. Sit quietly and

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*Your true self is as perfect as the day you were born. Imagine that happy being and realize that nothing and no one can take that from you. That true you is absolutely indestructible and that is the fountainhead of your happiness.*

---

imagine your true, perfect inner self. This is an advantage we have as brain injury survivors, there is such a difference between who we know we are and who everyone else sees that the separation is easy to distinguish.

Your true self is as perfect as the day you were born. Imagine that happy being and realize that nothing and no one can take that from you. That true you is absolutely indestructible and that is the fountainhead of your happiness.

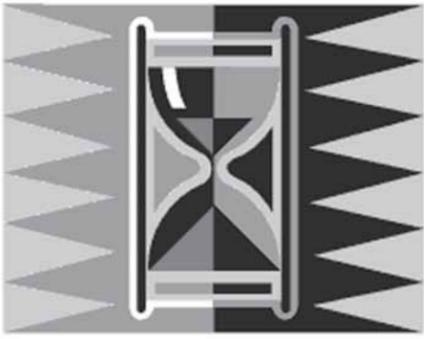
Now hold that crystalline perfect self in your mind as you move about your day and your world. Act happy to be happy and be happy to act happy. This is the balance of happiness.

Happiness and good turns are infectious; when you do something nice for someone, they in turn are inclined to do something nice for someone else. Everyone will begin feeling happy by just being around you. You will find yourself attracting people to you. You will find that the more joy you give, the more joy you receive.

On a more practical level, I have practiced being happy. This I do by finding a moment when I am alone and things are quiet. I stare at a wall and just pretend I'm happy; I smile slightly and just imagine I am happy. You can do this with your eyes closed, but it is difficult not to let your mind wander that way. I don't know why this is, it just is. At first this is difficult to focus for more than a few seconds, but with practice the length of time can be increased. Now, I've learned to do this while sitting in traffic, while waiting for an appointment, or any time like that where in the past I would grow impatient and angry.

And here is the kicker, since true happiness comes from within and is not dependent on outside sources, when you simply imagine you are happy it is exactly the same as actually being happy. Finally, for once, it's okay that it's all in your head. Happiness is 100 percent in your control; by your permission. Imagining is being.

All is not yet lost.



# NEWS BRIEFS

What's new at the Brain Injury Association of Minnesota and in the brain injury community

## Latino Outreach Specialist joins the Brain Injury Association of Minnesota staff

The Brain Injury Association of Minnesota welcomes Waldo Rivera as its new Latino outreach specialist, part of the Multicultural Outreach Services program. Rivera will be working closely with members of the Latino community, providing brain injury education, resources and more.

Born and raised in San Juan, Puerto Rico, Rivera has lived in the United States for over 20 years, the last 10 of which have been in Minnesota. Rivera feels that this has helped him absorb and experience both the Latino and American cultures fully. Through his education and background in corporate sales, Rivera gained professional experience, but it was work as a Spanish interpreter that caught his interest and attention. Beginning in 2000, Rivera started working at hospitals, clinics and law firms in the Twin Cities and met many immigrant families, learning about their lives and their plight.

Rivera is dedicated to helping the Brain Injury Association of Minnesota connect with the Latino community and letting people know how we can truly enhance the lives of persons with brain injury.

For more information about the Multicultural Outreach Service program, please call 612-378-2742 or 800-669-6442.

## No link between brain injury and MS

The possibility that brain injury may influence the development of multiple sclerosis (MS) has been studied inconclusively in the past. Researchers at the University of Oxford analyzed a database of linked hospital and death records, comparing the occurrence of MS in a cohort of people admitted to hospital with brain injury and a reference cohort.

Researchers concluded that there was no significant increase in the risk of MS at either short or long time periods after brain injury. Using length of hospital stay as a proxy for severity of injury, there was no significant increase in the rate ratio for MS after brain injuries with hospital stays of less than two days, two or more days, or seven or more days.

## "Wednesday Workshops" series

The Brain Injury Association of Minnesota continues to offer monthly professional development workshops on the last Wednesday of each month.

Continuing education credit is approved for CRCC. Social work credits are pending. A certificate of attendance will be provided, which persons with CBIS status can use for required CEUs.

The workshop on Wednesday, June 28, addresses County Services and Changes. Jenny Mateer of Ramsey County will speak about the various entry/referral points at the county, as well as the basic eligibility criteria for various supports throughout the county. All participants will receive handouts providing general information about intake and referral and program eligibility.

Alex Bartolic of Hennepin County Aging and Disability Services will give an overview on relocation services, from dreaming to moving. Relocation services provide individualized assistance through the transition to community living. This session will highlight successful approaches to planning, service and funding options and common barriers and strategies to overcome them. Lessons learned will be shared through case studies.

On Wednesday, July 29, Rick Moldenhauer, of the State Methadone Authority will present "Speed Still Kills: Methamphetamine Identification and Treatment."

Using pictures and props, Moldenhauer will discuss the manufacturing process of methamphetamine, identifying particular items to look for and be aware of that indicate a production lab is in the area. He will also discuss how to identify methamphetamine addict by symptoms of use and withdrawal. In the addition, Moldenhauer will address current State and Federal research of best practices for day-to-day treatment and recovery of the methamphetamine user.

The presentation also teaches how to recognize methamphetamine in both legal and illegal forms and uses: chemistry of amphetamines, different amphetamine medications, Minnesota demographics of methamphetamine users, and brain

chemistry and interactions with methamphetamine.

Unless otherwise noted, Wednesday Workshops are held in the conference room at the Brain Injury Association of Minnesota. Sessions are 2.5 hours in length, at a cost of \$40 per person, and attendance is limited to 20. For more info, or to register, call 612-378-2742 or 1-800-669-6442.

## Information and Resources toll-free number 1-800-444-6443

Brain injury information and help has been expanded for all persons in Minnesota with the addition of the National Brain Injury Information Center's national toll free number. The National Brain Injury Information Center (NBIIIC), in collaboration with the Brain Injury Association of America and the Brain Injury Association of Minnesota, is a pilot project to evaluate an 800 number that is directly linked to the Brain Injury Association of Minnesota.

The project provides information and resources to individuals with traumatic brain injury, family members, professionals, and the general public. The project is currently funded through the Centers for Disease Control and Prevention (CDC). A person calling the additional 800 number will link to her/his Minnesota Resource Facilitation department to access local services, resources and information. The NBIIIC pilot project supports a protocol for responding to calls, a customized packet of information on brain injury topics, consistent data element collection and resources to brain injury services for the caller's local community.

The importance of information and resources in supporting people with traumatic brain injury cannot be overestimated. Studies funded by the CDC and the Health Resources and Services Administration (HRSA) have shown repeatedly that access to information and resources is one of the greatest needs of people affected by traumatic brain injury. According to one study, people who were interviewed reported moving long distances to obtain access to services, not realizing that appropriate services were available nearby. The problem is particularly

acute for people in rural areas, where financial hardships and limited access to transportation make it difficult to travel where information and resources might be available. These are among the biggest obstacles to rehabilitation and are all problems that could be improved with appropriate access to information and resources.

Perhaps the most compelling evidence of the need for information and resources comes from a study that used traumatic brain injury surveillance data to link persons with brain injury to information and resources. The study confirmed "a strong need on the part of persons with traumatic brain injury to be linked in some formal way to a source of information about services."

Similarly, in 1998, the National Institutes of Health (NIH) Consensus Panel on the Rehabilitation of Persons with traumatic brain injury noted the need to educate family members to help them support rehabilitation more effectively. Despite the absence of research documenting the effectiveness of information and resources for families, the panel cited "substantial clinical experience" supporting the need. The panel also recommended services to help persons with traumatic brain injury "navigate through the public assistance and medical-rehabilitative care systems" and education to make community care providers aware of the problems people with traumatic brain injury experience.

The NBIIIC project will be able to evaluate the effectiveness of an 800 number and begin to address some of the above questions posed by individuals with traumatic brain injury, their families and professionals. One of the goals is to collect standardized data in several states to know what people need; what types of information are being requested and at what point in their recovery; and what further resources are recommended to meet the unmet needs of our callers and to best provide the most accurate, reliable and individualized information possible. Also, the system will be evaluated in order to answer whether an 800 number is the best way to connect our callers to local services and supports.

If you would like more information on the NBIIIC, please contact Janis Carey Wack at 612-238-3246.

# Resource Facilitation: Calling all professionals

By Janis Carey Wack

Those familiar with the Resource Facilitation program know that it is a unique, proactive approach to engage consumers who have sustained brain injury and their families in a customized support program. The program offers a long-term relationship where the Resource Facilitator contacts the individual or family member over the course of two years to offer information, resources and education about brain injury.

Individuals with brain injury and their families can be referred during the discharge planning process of the hospital stay, insuring that support will start soon after returning home and to the community. However, there are many other routes to participating in the program.

Individuals and family members can be referred by a wide assortment of professionals beyond discharge planners. Rehabilitation professionals, such as occupational and physical therapists, speech pathologists and other clinicians, can also suggest the program to their patients by faxing the Brain Injury Association of Minnesota a referral.

While Resource Facilitation staff frequently refer consumers to neuropsychologists, it can also work the other way around:

Neuropsychologists can refer individuals or family members to Resource Facilitation! Staff in hospital Family Resource Centers, hospital chaplains, day programs, vocational programs and recreation programs can also identify individuals who could benefit from more information or education and resources and refer them or their family (or other staff) to the program. In a nutshell, any professional who works with a person with a brain injury or their family can access the Resource Facilitation program on their behalf.

The date of the brain injury could have been last week or 10 years ago. The severity of the injury can be from a mild bump on the head to much worse. People sustain brain injury in many different ways and seek medical attention through a variety of settings from emergency rooms to local health clinics.

Even if a person is airlifted to a metro hospital for acute care, they will eventually return to their home community and interact with a local professional. That professional can inquire if the person has been referred to the Brain Injury Association of Minnesota's Resource Facilitation program and if not, take care of it themselves.

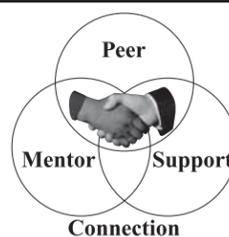
The two step process to refer was intentionally setup to be easy for

any professional:

1. Review the program with the individual and family
2. Obtain a signature on a release of information form and fax it to the Brain Injury Association of Minnesota

Since the program is *free*, available *statewide* and can serve any language there are no barriers to get in the way for a professional referral.

If you are a professional interested in learning more about the program or if you think your colleagues could benefit from an in-service about brain injury and the Resource Facilitation program, please call Janis at 612-238-3246. To make a referral, contact the Brain Injury Association of Minnesota for the form and fax the signed copy to the Brain Injury Association of Minnesota at 612-378-2789.



***Want to be a mentor to someone affected by brain injury? Looking for support adjusting to life with a brain injury?***

The Peer/Mentor Support Connection matches trained volunteers (mentors) with individuals with brain injury or their family members (peers).

Mentors can be an individual with a brain injury, a family member, partner or friend of an individual with a brain injury, or a caring community member.

Peers share challenges and accomplishments with their mentors to gain a better understanding of the process of adjustment to life with a brain injury.

To find out more...

Contact the Volunteer Program Associate  
612-378-2742 in the metro area  
1-800-669-6442 in greater Minnesota  
[www.braininjurymn.org](http://www.braininjurymn.org)



## Helping patients rebuild their lives

### Mayo Clinic Physical Medicine and Rehabilitation

provides comprehensive rehabilitation and medical services for people with traumatic brain injury and other types of acquired brain disorders

#### Why Mayo Clinic?

- Only Midwest NIDRR\* designated Traumatic Brain Injury Model System
- Comprehensive outpatient and inpatient evaluation and treatment programs
- Accredited by Commission Accreditation of Rehabilitation Facilities (CARF) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Mayo Clinic  
200 First Street SW  
Rochester, MN 55905

**For more information contact:**  
Program Secretary 507-255-3116

\*National Institute on Disability and Rehabilitation Research



# Summer recreation for persons with brain injury

Compiled by Sharon Rolenc

Looking for fun ways to fill your time this summer? Following is a list of available recreational resources for children and adults with brain injury. Many of the programs work with people of various ability levels and are not exclusive to persons with brain injury. Please contact the organizations directly with questions about the programs offered to ensure that you find the best recreational activity for you or your family.

## Camps and Recreation

### Adaptive Recreation & Learning Exchange (AR&LE)

The cities and school districts of Edina, Eden Prairie, Bloomington and Richfield work together to provide recreation and education for people with disabilities, including activities for adults as well as children.

This cooperative is known as the Adaptive Recreation & Learning Exchange (AR&LE). Activities are available year round.

Here are just a few of the programs available through AR&LE: Youth Bowling Club, Downhill Skiing, Soccer, Basketball, Teen Art and Teen Day Camps. For a complete list of adaptive recreation opportunities, call 952-826-0433 (952-826-0379 TTY), or visit [www.ci.edina.mn.us/Pages/L5-22a\\_ARLE.htm](http://www.ci.edina.mn.us/Pages/L5-22a_ARLE.htm).

### Camp Courage

Courage Camps offer safe, accessible, natural environments where children and adults with physical disabilities, sensory and language impairments, and other disabilities or illnesses discover abilities they never knew they had or they thought they had lost. Courage Camps offer summer camp programs at three separate locations: the Lakeside and Woodland campuses at Camp Courage, and at Courage North. Call 763-520-0504, or visit [www.couragecamps.org](http://www.couragecamps.org).

### Camp Courageous of Iowa

Camp Courageous of Iowa provides year-round recreational and respite care activities in a camp setting for individuals with disabilities. Campers learn to try a variety of creative and challenging activities and experience success. Campers develop enhanced self-esteem, which carries over to work, home, or school environments. Founded in 1972, Camp Courageous has 80 acres of land with 14 buildings and annually serves nearly 5,000 campers, ranging in age from one to 100. Call 319-465-5916 or visit [www.campcourageous.org](http://www.campcourageous.org).

### Camp Hardgrove

Designed especially for persons affected by brain injury, Camp Hardgrove is located in Warm Springs, Georgia. The camp offers overnight camping programs for children, adults with brain injury and their caregivers. The 2006 camp for children already occurred June 2-4, but adult and caregiver opportunities are still available in August and September. Call 888-334-2424 or visit [www.birf.info/support/events/camp/adult.html](http://www.birf.info/support/events/camp/adult.html).

### Creation Station

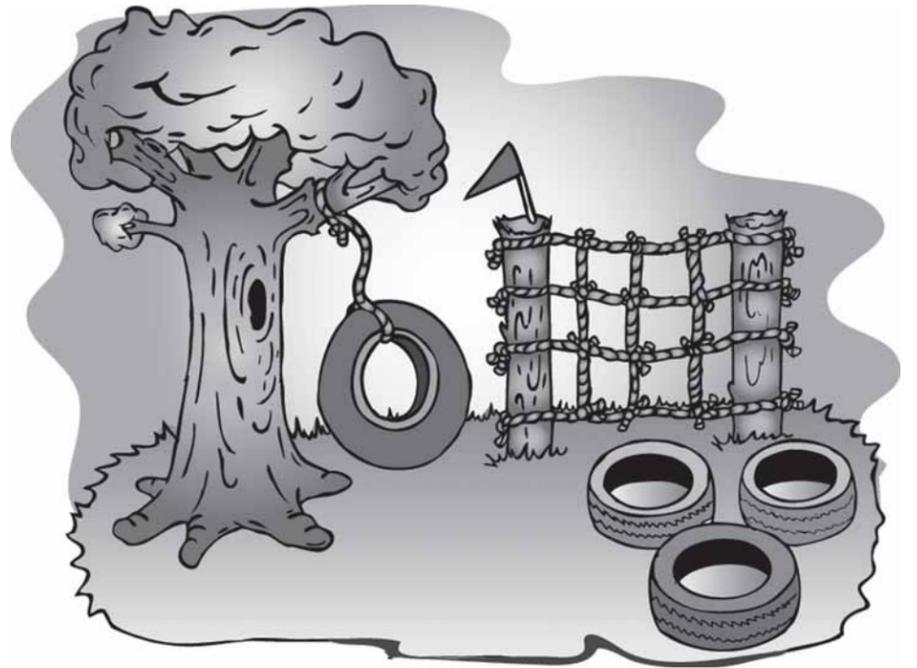
The Creation Station is a place for kids with and without disabilities to come with their families to create arts and crafts projects in a safe and supportive environment. Registration is required, but there is no fee to participate. Activities are open to all ability levels, however, some projects require more fine motor and dexterity skills than others. Creation Station is offered by the PACER Center, and is open the second Saturday of each month from 10 a.m. to noon. Call 952-838-9000, TTY: 952-838-0190, toll-free: 800-537-2237, or visit [www.pacer.org/stc/creation.htm](http://www.pacer.org/stc/creation.htm).

### Fishing Has No Boundaries®

Fishing Has No Boundaries, Inc. (FHNB) is a non-profit organization whose goal is to open up the great outdoors for people with disabilities through the world of fishing. Persons with disabilities cross all lines of age, race, education and income levels — that is why FHNB opens its events to ALL people with disabilities. FHNB offers events nationwide, with a listing of activities posted at [www.fhnbinc.org](http://www.fhnbinc.org). For information about Minnesota events, contact the Bemidji Chapter at 218-751-5901 (Connie) or 218-444-3433 (Jim).

### Friendship Ventures' Camp Friendship

Surrounded by the natural splendors of central Minnesota, Camp Friendship is located on Clearwater Lake near Annandale, 60 miles northwest of Minneapolis/St. Paul. Programs are designed for people who have developmental disabilities related to autism, cerebral palsy, brain injury, and Down, Tourette, and other syndromes. Many clients also have physical disabilities, hearing or vision impairment, and medical conditions such as diabetes or epilepsy. Siblings and friends without disabilities may also participate in many of the programs. Call 800-450-8376 or visit [www.friendshipventures.org](http://www.friendshipventures.org).



### Wilderness Inquiry

Wilderness Inquiry (WI) provides outdoor adventure experiences to inspire personal growth, community integration and enhanced awareness of the natural environment. WI trips are open to people of all ages and abilities. Trips are generally divided according to the following groups: adults, families and youth ages 14-17. For more information call 612-676-9400, TTY: 612-676-9475, toll-free: 800-728-0719 or visit [www.wildernessinquiry.org](http://www.wildernessinquiry.org).

### Equestrian Opportunities

Several Minnesota organizations offer therapeutic horseback riding programs for individuals with physical, cognitive, and/or emotional disabilities. Along with the physical benefits, horseback riding gives individuals a feeling of control and freedom that promotes confidence and increased self-esteem. It also helps motivate thinking and concentration as participants are required to master riding and/or relationships with horses.

Some programs offer camps, while others have educational classes or private riding lessons. Call or go online for more information about each organization. For a complete list of available equestrian programs, visit [www.narha.org](http://www.narha.org).

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[www.ncride.com](http://www.ncride.com)

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[www.rivervalleyriders.org](http://www.rivervalleyriders.org)

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Facilities in Minnetonka, Independence, Waconia, Delano and St. Croix  
952-934-0057  
[www.wecanride.org](http://www.wecanride.org)

### Online Resources

#### Life Pages

This site provides information about recreation and leisure activities, services, advocacy, and other useful things about life in Minnesota. Life Pages offers information for Minnesotans of all ages and abilities who want to enrich their leisure lifestyle as well as their connections to the greater community.  
[www.lifepages.org](http://www.lifepages.org)

#### Open the Outdoors – the Minnesota Department of Natural Resources (DNR) Accessibility Resource

Since 1972, the DNR has been updating its facilities and programs to meet state and federal accessibility standards, opening the outdoors to people with disabilities. Browse the DNR's Web site to find information on access to state parks, state forest campgrounds, state trails, public fishing piers, and wildlife management areas. Learn about opportunities for hunting, fishing, and exploring and enjoying nature. Be aware that there are varying degrees of accessibility to the facilities listed throughout the website. Standards for what is an accessible facility have changed over the years; while a facility met accessibility standards in the 1970's, it may not meet all of today's standards.  
[www.dnr.state.mn.us/open\\_outdoors/index.html](http://www.dnr.state.mn.us/open_outdoors/index.html)

# Beautiful weather helped mark successful Family Retreat

Staff Report

The 2nd Annual Family Retreat was held May 5-7 at Camp Courage in Maple Lake. Thirteen families came together to enjoy beautiful weather, structured activities and plenty of free time to meet other families, as well as reconnect with their own family members in a fun, relaxing environment. The retreat was for families who have school age children with brain injury, ages 5-16.

Parents met with Tom Ellis on Saturday morning to address the issues of grief and loss. Tom Ellis, MA, LMFT, is a marriage and family therapist and executive director at the Center for Grief, Loss and Transition in St. Paul. He has worked in the area of grief and loss since 1983 with a special focus on families and trauma. Ellis provides community training, consultation and professional supervision. Ellis has also authored a book, "This Thing Called Grief."

Dana Castonguay of Mains'l Services met with teens, both with brain injury and their siblings, to talk about relationships, friendships and feelings. The session addressed what friendship means, how to define friendship and what the teens want to get out of their friendships. The

teens enjoyed playing hangman using words that describe feelings.

Throughout the weekend, kids enjoyed swimming, launching water balloons, activities, meeting new friends and a dance on Saturday night. Based on feedback that families gave at last year's retreat, this year's retreat lasted longer and included a second overnight; gave siblings separate, structured activities; and offered more unstructured "free time" for families.

The retreat was made possible with funding from the Minnesota Low Incidence Projects and from Guzman Law Firm.



photos by the Minnesota Low Incidence Projects

Families enjoyed a variety of structured and unstructured activities throughout the weekend, allowing for quality family time.



## For Learning. . .

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# Controversy and TBI: Frontal Lobe Dysfunction and Criminal Behavior

by Dr. Tina M. Trudel, PhD

The social and criminal implications of frontal lobe injury in the United States can be traced back to the famous New England case of Phineas Gage. Gage was a railroad worker of fair temperament who became immortalized with the first documented case of frontal lobe syndrome. In 1848 in Cavendish, VT, an explosion sent a railroad tamping iron through Gage's skull. Remarkably he survived, although a changed man. Harlow (1868) the physician documenting his condition noted, "The equilibrium of balance between his intellectual faculties and animal propensities seems to have been destroyed... He is fitful, irreverent, indulging at times in the grossest profanity... Manifesting but little deference to his fellows... Devising many plans of operation, which are no sooner arranged than they are abandoned." In the years following his injury, Gage was noted to have episodes of aggression, abuse alcohol and spend years as a drifter – a typical profile of those with TBI who end up in the criminal justice system.

Empirical evidence suggests that frontal and temporal lobe damage can be associated with increased risk for aggression, violence and criminal behavior. Various researchers have found a high frequency of frontal and temporal abnormalities among juvenile delinquents when compared to age peers; criminal offenders demonstrate a frequent and prolonged history of abuse and acquired brain injury and/or brain dysfunction; there is a strong relationship among brain injury, alcohol abuse and aggression; a history of significant brain injury increases the chances for marital aggression; and across numerous studies internationally, there are disproportionately high rates of persons with TBI in the prison population.

While frontal and temporal damage may make behavior and aggression more likely, they do not make it inevitable, and surely such occurrences should not be used as an excuse for crime, or to further stereotype or discriminate against individuals with brain injury. Nonetheless, the issue of individuals with TBI in the criminal justice system remains an undercurrent rarely navigated in the brain injury literature or advocacy system.

Issues of frontal lobe dysfunction and criminal behavior were explored by psychiatrist Dorothy Lewis, and detailed in her book, "Guilty by

Reason of Insanity," as well is in the book by her colleague, neurologist Jonathan Pincus, "Base Instincts: What Makes Killers Kill." Lewis and Pincus both examined a number of death row and other criminals, documenting significant evidence of neurological and psychiatric impairment, including frontal lobe damage. In the 1990's, psychiatrists, neurologists and neuroscientists from leading research centers including Mt. Sinai, USC, Iowa and Georgetown, completed PET scan, EEG, MRI and other studies on individuals convicted of or on trial for violent crimes (often murder) compared with age controls. Diminished activity of the prefrontal cortex and reduced frontal lobe grey matter was evident in the criminal group. Many of the research participants in the criminal group had multiple neurobehavioral diagnoses, such as fetal alcohol syndrome, epilepsy, dementia, hydrocephalus, cerebral palsy and mental retardation, as well as brain injury.

In 2005, the Supreme Court ruled that teenagers under 18 who commit murder cannot be executed. In part, the Supreme Court's ruling was based on research demonstrating that the frontal lobes of teenagers were not fully developed, and therefore, they were not fully responsible for their actions. The court majority justified their ruling based on many of the arguments presented by the American Psychiatric Association (APA) in their amicus brief. The APA amicus brief argued that neuroimaging studies found the "brain's frontal lobes are still structurally immature well into late adolescence. The prefrontal cortex (which is most associated with impulse control, risk assessment and moral reasoning) is one of the last brain regions to mature... normal adolescents cannot be expected to operate with the level of maturity, judgment, risk aversion, or impulse control of an adult. Adolescents cannot be expected to transcend their own psychological or biological capacities. However, an adolescent who has suffered brain trauma, a dysfunctional family life, violence or abuse cannot be presumed to operate even at standard levels for adolescents."

The parallel of this 'diminished capacity' argument for individuals with brain injury is immediately apparent. If adolescent culpability for criminal behavior is reduced on the grounds that their brains do not function in the same manner as typical adult brains, it would appear

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*I have seen firsthand the way in which the criminal justice system has become the provider of last resort for individuals with frontal lobe damage who slip through the cracks.*

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that those with injuries causing their brains to not function like a typical adult, also experience a comparable diminished capacity – yet the executions of criminals with documented TBI and frontal lobe damage continues unabated.

My personal forensic and clinical experience has never involved a death penalty case. However, I have seen firsthand the way in which the criminal justice system has become the provider of last resort for individuals with frontal lobe damage who slip through the cracks. Scenarios of young adults with TBI, ineligible for treatment or inadequately served, are often combined with alcoholism and substance abuse. These individuals interface with a criminal justice system generally ignorant about TBI, public defenders with climbing caseloads and an overburdened court system – often without the ability to fully understand the legal situation or meaningfully participate in their own defense. The outcomes are often tragic, and deserve closer examination by the brain injury community and society at large. In the current climate, advocacy for anyone labeled as a 'criminal' is not a popular position. Further, the concept that morality has a neurological foundation can be both upsetting and confusing. An interesting example of this is described in the following case.

As reported by Claudia Pinto of the Media General News Service on May 5, 2003 and discussed in the Archives of Neurology, doctors Russell Swerdlow and Jeffrey Burns at the University of Virginia documented the case of a schoolteacher, husband and father who made it into his late 40's without any unusual behavior. He quickly changed, becoming preoccupied with sex, soliciting prostitutes, going to child pornography websites and making sexual advances to young girls and participants in a sexual addiction treatment program. He appeared at the ER complaining of a severe headache and expressing fears that he would rape his landlady. His neurological examination was impaired and an MRI was ordered, which demonstrated a large tumor had replaced virtually the entire orbitofrontal region of the frontal lobe. The tumor was successfully

resected, he completed a treatment program, and life appeared to return to normal. Seven months after the tumor was removed, he began experiencing headaches again, and he resumed seeking pornography. MRI revealed regrowth of the tumor, which again was treated with good outcome.

While this man's example is unique in its specific facts, the larger philosophical issues raised are not. Science is increasingly providing new ways to examine the brain and its myriad of functions. Some of the brain regions identified as most vulnerable to injury are those that allow us to discern right from wrong, and more importantly, have the ability to control our behavior based on our moral foundation. This growing body of knowledge should compel us to carefully examine the ethical underpinnings of our treatment of individuals with brain injury who commit crimes, particularly with regard to the death penalty and in the context of our collective lack of genuine societal commitment to provide adequate resources to reduce the risk of brain injury related criminal behavior. Centuries ago Epicurus observed, "There is no such thing as justice in the abstract; it is merely a compact between men." It is the responsibility of all of us to ensure that this compact reflects the best of our science, compassion and reason.

*Tina M. Trudel, PhD is president and COO of the Lakeview Healthcare System, as well as former post-doctoral neuropsychology supervisor and adjunct assistant professor of Psychiatry at Dartmouth Medical School and current consulting faculty (pending appointment) in Psychiatric Medicine at the University of Virginia. She also maintains a private practice providing neuropsychological evaluation, IME and expert witness services, and is principal investigator of the Virginia NeuroCare Core Program of the Defense and Veterans Brain Injury Center. She can be reached at 800-473-4221 or ttrudel@lakeview.ws.*

*This article was reprinted with permission from Tina M. Trudel, Ph.D.*

## CORRECTIONS from page 1

strategies for intervention, release planning and possible alternatives – including diversion options at the time of sentencing.

The TBI in Correctional Facilities project is groundbreaking in its holistic approach. Alaska, Kentucky, Rhode Island and Texas are currently addressing certain aspects of brain injury in their state or federal corrections system, but Minnesota is the only state developing a broad scope of service and deliverables, while addressing all aspects of corrections at the county, state and federal levels.

“This [project] is important because common sequela of brain injuries are behaviors such as irritability, impulsivity, forgetfulness, and sensitivity to alcohol and drugs that increase the likelihood of contact with the criminal justice system,” said Ken Carlson, forensic psychologist and training director for the Minnesota Department of Corrections. “These behaviors also contribute to the person experiencing problems during incarceration and difficulties upon return to the community.”

While the Department of Human Services is the lead agency for the grant, Carlson will serve as the

primary project coordinator for the grant, working in consult with the Brain Injury Association of Minnesota to train staff and build capacity.

### The Need

The U.S. Department of Justice Bureau of Justice Statistics reported 7,129 prisoners under state or federal correctional authorities in Minnesota as of December 31, 2002. This marked a seven percent growth in the Minnesota prison population in just one year. The third highest growth in the nation. What is unknown is how many people with TBI are currently reflected in these numbers.

According to a 2001 report by the National Conference of State Legislatures, TBI is approaching the same prevalence as mental health diagnoses in the mainstream population. Further, the U.S. Department of Justice reports about 16 percent of the population in prison/jail have mental illness, compared to about five percent of the general population. Based on these findings, it is natural to believe there may be a significant percentage of offenders in the Minnesota corrections system with TBI.

In 2005, MDH released a six-year report of hospitalized TBI. African Americans saw a rate of TBI

almost twice that of the Caucasian population, and Native Americans saw a rate of TBI at nearly three times the rate of TBI among Caucasians. While it is not clear whether increased injury rates are related to race/culture or socio-economic conditions, the two variables are significantly related. When compared to the general population, over 76 percent of the prison population is non-white leading to the possibility that the prevalence of TBI within correction facilities could be extremely high.

“This project is important because this will be the first time we have the opportunity to identify how many people are incarcerated with a brain injury in Minnesota,” said Ardis Sandstrom, executive director of the Brain Injury Association of Minnesota. “Knowing the numbers will assist us in understanding how many people really, truly are falling through the cracks.”

In October 2003, a “live” survey, conducted by the Brain Injury Association of Minnesota, was done of DOC behavioral health staff in conjunction with an introductory training on TBI. Approximately 80 DOC staff participated in the training / survey. The results of the DOC survey demonstrated a significant need for capacity building including:

- 65 percent had no opportunity for formal education around TBI; of the 35 percent who did feel they had training, the majority had courses when they were in graduate school.
- 77 percent reported having little or no comfort level in serving someone with a TBI.
- 84 percent reported no programs are in place for intervention when TBI is suspected.
- 39 percent reported when a TBI is suspected, it is addressed when developing the release/discharge plan.

“So far we have experienced absolute support for this project,” said Carlson. “Staff admit they are not knowledgeable about this problem, but are anxious to learn.”

### The Project

Early identification of TBI and its relationship to criminal charges and/or sentencing is critically needed for possible diversion from the corrections system or for successful return to the community following incarceration. Significant work has been done in this area as it relates to offenders with mental illness, both at the national and the state level.

CORRECTIONS  
continued on page 16

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## Annual Conference featured assistive technology and personal stories of courage

by Andi Billig

More than 500 people and 40 exhibitors and sponsors attended the 21st Annual Statewide Conference on Brain Injury presented by the Brain Injury Association of Minnesota in Brooklyn Center on May 19 and 20.

Dr. Roberta DePompei presented the keynote address each morning, discussing topics that are important to the professional community, individuals and families.

On Friday, DePompei discussed the use of assistive technology devices in everyday life for persons with cognitive challenges. Through the use of handheld electronic devices, such as a Palm Pilot/personal data assistant (PDA), "smart phones" or other similar devices, individuals with cognitive challenges have been able to make improvements to their life.

Recent studies have shown that at school, the use of a PDA improved an individual's independence and enabled the student to follow a schedule that allowed them to stay on task. At work, adults were found to have increased accuracy and performance in tasks, better time management and scheduling skills. Since devices such as a Palm Pilot or a "smart phone" are available to the general user, the prices are typically reasonable for purchase and replacement, and the devices are easily understood by the general public – not seen as something that is "different."

DePompei's Saturday keynote

discussed the three "Ps" associated with the pursuit of best practice for youths with traumatic brain injury (TBI).

- **Petulance:** along with an increase in under-identification of children with TBI, "adult rehabilitation techniques are being applied to children," she said, emphasizing that the brain continues to develop until age 21 or 22. Training of service providers can help rehabilitate youth with TBI.
- **Perseverance:** Minnesota is doing a good job of making TBI an issue. Ongoing training of caregivers is always important, including the use of assistive technology and web-based learning tools.
- **Passion:** families are the experts on their own families and providers need to remember to listen to the individual and the family in order to provide the best practices.

Holly Kostrzewski closed out the Conference on Saturday by discussing her experiences since 1999 when she sustained a brain injury in a motor vehicle crash. Through storytelling and poetry, she discussed some of the challenges she has faced, including relearning many of the daily tasks that are automatic to many others, such as knowing when you are hungry or when you are full. Her positive attitude inspired the audience, as did her message that facing one's reality can be a challenge, but can be rewarding as well.

### A special thanks to our 2006 Conference Sponsors:

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Minnesota Department of Health - Injury and Violence Prevention Unit  
Minnesota Governor's Council on Developmental Disabilities

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Vinland National Center

### AWARDS from page 1

neurorehabilitation, particularly with regard to traumatic brain injury. In essence, Dr. Murrey has contributed an enormous amount of effort in the area of traumatic brain injury and deserves significant recognition for his work.

The Outstanding Volunteer Award goes to an individual or group of individuals for their volunteer commitment and activities through the Brain Injury Association of Minnesota that benefits individuals or advances the cause of brain injury. This year, the Jay Bowden family was recognized.

The Bowden family experienced a life changing event June 2004 when their son Keaton sustained a brain injury from a bike crash. During Keaton's hospital stay, the Bowdens were put in touch with the Brain Injury Association of Minnesota and the Resource Facilitation program.

Since Keaton's injury, the Bowden family have been staunch supporters of the Brain Injury Association of Minnesota.

As the family learned about brain injury and its life long consequences, they also learned that it was largely unknown in the general population. Because of their experience, and the fact that they wanted to prevent other families from going through the same heartache, the family became committed to increasing awareness about brain injury. Jay, Amanda, Keaton and Spencer Bowden have volunteered at several public events including the Xtreme Safety Fest at the Mall of America, the Walk for Thought, Kids Injury Free Day at the State Capital and various legislative activities. During some of these events, the Bowdens have publicly shared their story to inspire others to make safe, informed choices.

In addition to raising awareness through event work, the Bowdens have also participated in several

media interviews to increase awareness about brain injury. They have been featured on KARE-11 and WCCO, and were involved in the taping of a Public Service Announcement about brain injury and helmet safety.

Currently, Jay Bowden is on the 2006 Walk for Thought Committee, actively working to increase participation in the event. Jay also serves on the Board of Directors for Brain Injury Association of Minnesota.

Beyond their commitment to public awareness, the Bowden family has regularly volunteered for mailings at the office, they started a West Metro Family Support group, and regularly make hospital visits to families who have a loved one hospitalized due to brain injury. Their involvement and commitment to the brain injury community has played an essential role in increasing public awareness about brain injury and in providing valuable support to families who have loved ones with brain

injury. The Bowdens are strong advocates for brain injury awareness in all facets of their lives, and inspire everyone they come in contact with by the strong passion and love they have for each other.

The Brain Injury Association of Minnesota also recognized Russ Philstrom for his work as chairperson for the Board of Directors. He chaired the Board of Directors for the past year, leading the Brain Injury Association of Minnesota through a transitional year and ending his term in great standing.

Philstrom's commitment is evident, as he has consistently pushed to engage people, restructured committees, and tackled all of the challenges that came his way. He helped the board evolve to meet the needs of a growing organization, initiating a new strategic planning process and executive search committee. As past chair, Philstrom will remain an active board member for another year.

## Bike event reaches largest crowd ever with safety message



By Sharon Rolenc

Entertaining its largest crowd ever, the 4th Annual X-Treme Safety Fest at the Mall of America Rotunda provided an afternoon of extreme fun for kids of all ages. Over 3,000 people attended this exciting and educational event – double the attendance from last year, and triple the attendance of the event's inaugural year. Over 100 low-cost helmets were sold throughout the event, and over \$650 was raised to go towards helmet purchases for the Brain Injury Association of Minnesota's Kids Need Lids program.

While it was cold and rainy outdoors, inside the Mall people enjoyed hot BMX demos by Rich Wieber's Bicycle Stunt Show. Rich uses his talents to deliver fun and educational messages to people of all

ages. He has appeared in national television commercials and at over 3,000 events, including Minnesota Timberwolves games and the ESPN X-Games-Road Show. Dedicated to safety and injury prevention, Rich's team spoke about bike safety, the importance of wearing helmets and brain injury prevention.

PJ the DJ and Radio Disney's Party Patrol provided music, games, and prizes for all in attendance between bike demos. All kids got to spin the prize wheel, and a few lucky winners stepped into the Prize Tornado. PJ the DJ also highlighted important safety messages throughout his performance.

This year's event included the grand finale of March's Helmet Drive. People who donated helmets at the Brain Injury Association of Minnesota's collection site, sent in monetary donations, or donated at the bike event had their names entered into a drawing for a free bike. The Daily Grind Coffee Shop in Stillwater donated the bike as the grand prize, which was awarded to the Penn family.

The event raised significant public awareness. In addition to reaching 3,000 people the day of the event,



photos by Sharon Rolenc

Event participants enjoyed bike stunts and prize drawings

over 2 million people were reached through television news coverage and event promotion, and 24,000 school-age children received safety information and event flyers through the Minneapolis, St. Paul and Osseo Public Schools.

The X-Treme Safety Fest was made possible by generous support of the Mall of America, DART

Transportation, Rich Wieber's Bicycle Stunt Show, Radio Disney, Symantec Foundation (formerly Veritas Software), and the Daily Grind Coffee Shop. As well, over 40 volunteers worked hard to make the day a memorable experience.



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## Volunteer Spotlight: Mary Jo Seviola

Mary Jo has been an administrative volunteer since February 2006. She first came to the Brain Injury Association of Minnesota for a short-term job assessment with Access to Employment. She enjoyed it so much, and was so helpful, she now volunteers once a week.

**Reason for volunteering:** To learn different skills that will help me get a paid job in an office and to meet different people.

**Hobbies:** I like watching movies, and doing needlepoint and crafts like stamping and card-making. I also spend time with my dog Pepper who is the coolest dog I've ever met. I really like his personality.

**What I want you to know about me:** I'll help people if they need it. I always try to be nice and helpful and I'm a lovable person.

**What I want you to know about the Brain Injury Association of Minnesota:** I'm always glad to come here. I can't wait to come every week.

**A few of my favorite things:** Barry Manilow, any kind of pizza, the TV show *Friends*, and my dog.



## Volunteers recognized during National Volunteer Week



**NATIONAL VOLUNTEER WEEK**

April 23-29, 2006

Staff report

Please join us in thanking one of this country's most valuable assets - our volunteers. The Brain Injury Association of Minnesota relies on volunteers to support our efforts in every area of our organization. Our volunteers bring a variety of skills, expertise and time to give, and help the organization do more of what it does and help do it better.

Brain Injury Association of Minnesota volunteers contribute to our mission by working in advocacy, education, communications and administration. They represent us at resource fairs, register participants at events, and educate legislators. We rely on volunteers for large mailings, answering phones, reaching out to potential donors and more.

During National Volunteer Week, thousands of volunteers nationwide received presidential recognition for their service through the President's Volunteer Service Award - the most prestigious volunteer award currently associated with the White House. Like National Volunteer Week, this award seeks to inspire by example, honoring the service of our country's most committed volunteers and sharing their achievements to encourage more Americans to volunteer.

This award is issued by the President's Council on Service and Civic Participation on behalf of the President of the United States to recognize the best in the American spirit and encourage all Americans to contribute to their communities through volunteer service.

Established in 2003, the Award is available on an annual basis to individuals, groups and families who have met or exceeded requirements for volunteer service and have demonstrated exemplary citizenship through volunteering.

The Brain Injury Association of Minnesota is proud to announce the following volunteers for their outstanding contribution in 2005:

### Teen/Youth Volunteers (age 15-25):

**Presidential Volunteer Service Award - Gold Level**

Mathew Menard

**Presidential Volunteer Service Award - Bronze Level**

Amanda Dickson

### Adult Volunteers (25 and older):

**Presidential Volunteer Service Award - Gold Level**

Joann Kenerson

**Presidential Volunteer Service Award - Silver Level**

Terri Scott

**Presidential Volunteer Service Award - Bronze Level**

Mary Meester

Lisa Meyer

Julie Dyste

Thanks to all of our volunteers. Your efforts and contributions make a difference in the lives of Minnesotans affected by brain injury.

## Hot Volunteer Opportunities

### Health Fair Volunteer

Summer is health fair season! Volunteer at a few health fairs and help spread the word about brain injury prevention and resources.

Attend health and information fairs on behalf of the Brain Injury Association of Minnesota. Hand out information about our programs, as well as brain injury prevention and safety information, and refer questions to the Brain Injury Association of Minnesota's 800 number. We're looking for volunteers with outstanding people skills who are comfortable in busy places. Transportation is required. Most events are during the weekday or on weekends and run 3-5 hours. We ask volunteers to expect to attend a minimum of two events per year but that varies depending on interest and location.

### Service Directory Volunteer

Service Directory volunteers contact Minnesota service providers by phone to learn more about their programs and resources. Then they update the Brain Injury Association of Minnesota's computerized system. This work is key to providing accurate, helpful information and referrals to people with brain injury throughout the state. We're looking for detail-oriented volunteers who enjoy talking on the phone. A pleasant phone personality and strong data entry skills are very important. This weekday position is based out of our office in Minneapolis.

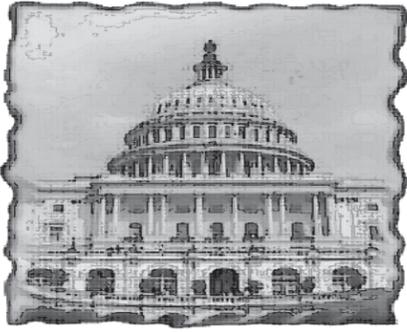
For more information about these or any other volunteer opportunity, contact Kimberly at 612-238-3234 or [kimberlyf@braininjurymn.org](mailto:kimberlyf@braininjurymn.org), or visit [www.braininjurymn.org/vo.cfm](http://www.braininjurymn.org/vo.cfm).

## Support Groups

Brain injury support groups can help you find others with similar experiences, useful information about brain injury and solutions to problems. The following results are just some of the key benefits of support groups:

- Sharing of similar experiences helps members feel less alone and more ready to deal with day to day issues.
- Education results from the exposure to information and personal experiences in a group.
- Safety, in the environment of a confidential, supportive, non-judgmental group, allows for honest disclosure and sharing of common difficulties.

The Brain Injury Association of Minnesota makes referrals to support groups throughout the state, including for persons with brain injury, their families and friends and for young persons. These groups are autonomous, self-determined peer groups and are independent of the Brain Injury Association of Minnesota. For more info, call 612-378-2742 or 800-669-6442.



# LEGISLATIVE CORNER

Keeping up to date with public policy

## 2006 Legislative session wrap-up

by Jeff Nachbar

The 2006 legislative session ended late Sunday night, May 21. While we don't have a whole lot to celebrate, we did get further than ever before on a number of our key priorities. Thank you to all of you who got involved, contacted your legislators, attended one of our events or came to the Capitol. Our advocacy work would not be possible without your support and involvement.

The remainder of 2006 is an important time to prepare for the 2007 session. As we plan for the next year, it's important to take a look back and evaluate our ability to influence policy decisions at the State Capitol. The following is a brief summary of what happened on some of our key issues.

1. *Primary Seatbelt Legislation* – Efforts to strengthen Minnesota's seatbelt law failed to pass in the final hours when a House/Senate Conference Committee could not come to agreement in the Omnibus Transportation Bill. The seatbelt bill passed the Senate 46-20 as a stand alone bill but failed in the House 40-89 when offered as an amendment. The Senate stood firm in the Conference Committee and persuaded the House members to agree. With both sides agreeing to provide primary enforcement in the bill, it looked like we would have a victory. Ultimately, the entire transportation bill died over a funding disagreement as the session ended.

2. *Bicycle Helmets* – A law that would require all persons under the age of 18 to wear a helmet while bicycling sailed through transportation committees in both the House and Senate. It died when neither body took the bill up on the floor before adjourning. Essentially, the bill just sat there waiting for action that never came.

3. *Special Education* - Special education advocates had success early in the session in stopping some damaging legislation from passing. One bill to repeal all the Minnesota special education laws

and regulations that exceed the federal government requirements was killed before it even became a bill. Another bill to shift the burden of proof from school districts to parents in special education due process hearings died early in committee process.

4. *Health and Managed Care* – Regarding the push to move people with disabilities into managed care, the bill keeps participation voluntary and limits expansion to existing projects until 2008. It basically slows the process down and ensures that all stakeholders are involved in these important decisions.
5. *Federal Budget Cuts* – While the Minnesota legislature plays no direct role in federal budget decisions, the budget cuts made by Congress have already impacted health and welfare policy in Minnesota. We expect this impact to be even greater next year. As a result, advocates pushed hard and were successful in getting language ensuring stakeholder involvement in dealing with the impact of these current and future cuts.

This is only a brief summary of actions taken by the 2006 legislature. If you have questions, need more information or want to see how your legislators voted on the seatbelt bill, visit the Advocacy Action Center on our Web site at [www.braininjurymn.org](http://www.braininjurymn.org), or contact Public Policy Director, Jeff Nachbar at [jeffn@braininjurymn.org](mailto:jeffn@braininjurymn.org).

### Where do we go from here?

We have much to do between now and the opening of the next legislative session in January 2007. The 2007 session is when Minnesota will set its next two year budget and we need to build our grassroots power in order to protect the interests of people affected by brain injury throughout the budget process. We will be successful only if we are well prepared and organized. We need you to stay involved in these critical policy battles by educating yourself about the issues, participating in the November

elections and telling your story to your elected officials.

Between now and the end of the year there will be many opportunities for you to help make a difference. Please watch for future details and consider participating in the following activities.

### Medicaid Town Hall Forums – August 2006

In partnership with the Consortium for Citizens with Disabilities, we will be holding Town Hall Forums across the state in August. Medicaid, which is called Medical Assistance (MA) in Minnesota, is the single largest source of public health care funds for people with a brain injury. It is a very complex system, but we plan to break it down into understandable components and let people know what they can do to protect this vital program. Please join your neighbors and other concerned individuals at an event near you.

### Voter Participation Activity – September-November 2006

Minnesotans will have an opportunity to vote in the most critical election in at least a decade this November. All 201 legislative seats, as well as the Governor, Attorney General and other constitutional officers are up for election. All eight US House seats will be up as will an open US Senate seat. While we do not endorse or recommend candidates, we can help you register to vote, find your polling place and conduct research on the candidates who want your vote. We will let you know when and where candidate forums are taking place, provide sample questions to ask and help raise overall awareness of brain injury issues by injecting them into this fall's campaigns.

### Legislative Forums – November and December 2006

Once the dust settles after the elections and we know who our elected representatives will be, it will be time to focus on telling our stories, getting to know the new members and asking all of them to support our policy objectives. As we've done in the past, we plan to hold a series of legislative forums where people with a brain injury, their family members and loved ones, as well as professionals can tell their story. We've found these events very important in putting a face on the issue of brain injury and educating policy makers about what needs to be done.

### Back to the Capitol – January 2007

Here the budget will begin to take shape and hopefully all the hard work we've done in preparation will pay off. Come to the Capitol, contact your legislators or even testify on a bill that is important to you.

### How to stay informed and get involved

Sign up as a Citizen Advocate by going to the Advocacy Action Center of our website: [www.braininjurymn.org](http://www.braininjurymn.org).

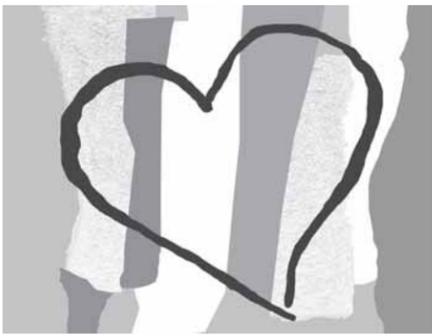
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Give our public policy staff a call, drop us a note or send an e-mail to [jeffn@braininjurymn.org](mailto:jeffn@braininjurymn.org).

This is an exciting time at the Brain Injury Association of Minnesota. Your passion and commitment inspires our staff and makes our work possible. Let's keep working together to enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury.

## Get Involved!

For more ideas on how to get involved with the Brain Injury Association of Minnesota and/or the brain injury community, visit the Brain Injury Association of Minnesota's Get Involved! Webpage at [www.braininjurymn.org/AUInvolved.cfm](http://www.braininjurymn.org/AUInvolved.cfm)



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**How to Make Your Donation Go Further**

Many corporations determine their giving based on the interest of their employees, providing matching gifts to the organizations their employees choose to support. When you make your donation to the Brain Injury Association of Minnesota, check with your human resources department to see if you can double your impact by getting a matching gift.

Another way to take advantage of a matching gift program is through annual United Way or Community Health Charities campaigns. You can designate a donation by writing in the Brain Injury Association of Minnesota. The United Way or Community Health Charities will see that your donation and your portion of the matching donation go to support vital services at the Brain Injury Association of Minnesota like Resource Facilitation or Multicultural Outreach.

Some employers take matching gifts another step further by giving money or time off for the time you spend volunteering. Check with your employer to see what volunteer programs they have in place. If you have any other questions about matching gifts, call Melissa at 612-378-2742.

# Peer/Mentor Support Connection

*Staff report*

The Brain Injury Association of Minnesota is excited to announce the addition of the Peer/Mentor Support Connection program. Through Resource Facilitation, we received significant feedback about the need for a mentorship program. Through our interactions, persons with brain injury and/or their loved ones have often expressed, "If only I had someone to talk with that has experienced brain injury."

In an effort to expand the capacity of our Resource Facilitation program and fulfill an expressed need from the brain injury community, we developed the Peer/Mentor Support Connection. This program is modeled from a similar mentorship program through the Brain Injury Association of New Jersey.

The Peer/Mentor Support Connection matches trained volunteers (mentors) with individuals living with a brain injury or their family members (peers). For up to one year, mentors and peers connect weekly by phone or computer at mutually convenient times. Mentors volunteer to support their peers through the process of adjustment to brain injury, deal with the challenges associated

with brain injury and appreciate their accomplishments. Peers benefit from a confidential, consistent source of support, and gain encouragement and coping strategies.

Mentors are chosen from volunteer candidates who apply for the program either through the Brain Injury Association of Minnesota website or by simply calling the Association. Peers can access the program through similar means. Mentors are asked to commit to one year as a volunteer for the Brain Injury Association of Minnesota, and upon applying, they submit a background check, and are thoroughly interviewed and screened, including reference checks.

The process for the peer includes being referred to the program and completing a phone interview. A telephone interview is required for the mentor and the peer so the Brain Injury Association of Minnesota staff can identify an appropriate match. A schedule is set in which the peer and mentor are contacted periodically after the match is made to establish how the peer/mentor relationship is progressing. These contacts allow for peer/mentor feedback to our staff of any concerns or issues that needs to be addressed. Staff assists peers

and mentors in problem solving or identifying strategies that may be helpful during feedback. Mentors agree during the training process that building personal relationships are not an outcome of the program. Thus, the Brain Injury Association of Minnesota and the Mentor enter into a contract that there will be no face to face contact between peer and mentor. All interactions are through the telephone or email.

Currently, we have mentors

throughout Minnesota who are eagerly awaiting their first match with a peer. We are excited about the Peer/Mentor Support Connection program and the support it can offer to residents of Minnesota who are impacted by brain injury. To participate in the Peer/Mentor Support Connection, or for more information, contact the Brain Injury Association of Minnesota at 612-378-2742, or 800-669-6442.

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### CORRECTIONS from page 9

The DOC and the DHS already have an effective system in place for working with offenders who have serious and persistent mental illness (SPMI) as it relates to data collection and analysis, examination of recidivism rates, with existing partnerships established with local government and behavioral health providers in the community. The TBI in Minnesota Correctional Facilities Project look to this model for guidance and adapt it to meet the needs of offenders with brain injury.

"We are hopeful that efforts with the population of offenders with serious and persistent mental illness may provide groundwork for infrastructure development for offenders with TBI," said Helgeson. "It makes sense that those with functional disabilities and significant behavioral challenges are going to have difficulty upon release from a

correctional setting unless they receive good information and support. It is in everyone's best interest to prevent recidivism."

This project will provide a significant training effort throughout all levels of staffing including DOC, county, federal and tribal correctional staff. "We also hope to reach the parole officers, lawyers, judges, county system personnel and police," said Sandstrom. "By educating these professionals about brain injury and the available supportive services, we can help them connect those affected by brain injury with the appropriate resources – and hopefully reduce the number of offenders with brain injury that are entering the corrections system."

The project will also research existing tools, adapt and pilot a screening tool or tools, identify and establish points of screenings, explore intervention opportunities, and develop recommendations for full implementation within DOC.

Part of the process of building capacity within DOC to address TBI in offenders is to study the financial implications, both positive and negative, and to advocate for strategies that provide long-term sustainability.

Based on the Brain Injury Association of Minnesota's experience working with a number of offenders with TBI, many would potentially qualify for Medicaid home and community-based waivers (considering disability and financial tests, etc.) if not incarcerated. If behavioral supports and interventions are in place earlier, for example at pre-sentencing assessment, then such services could potentially provide adequate support that would eliminate or reduce the need for incarceration. This would mean considerable cost savings. In Minnesota, the annual cost to incarcerate an individual in 2002 was \$34,372, while the average cost to provide a Medicaid TBI waiver

nursing facility level of support was \$24,497. Currently, there's a diversion option for offenders with severe and persistent mental illness.

The project will lay the groundwork for significant systems change along the corrections system spectrum, including juvenile, women's and adult facilities in Minnesota.

Ultimately, the project enhances community services, equips corrections staff with the training and resources needed to work effectively with offenders who have TBI, will result in less offenders "falling through the cracks," and will provide for a better transition to the community upon release. In the best case scenario, the project will increase awareness among community members so that incarceration is avoided in the first place by providing persons with TBI the support needed before they get caught up in the corrections system.