



HEADLINES

WINTER 2005-06

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**2006 Discharge Planning
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February 1

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**4th Annual
Xtreme Safety Fest**
April 2

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details on these events

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

www.braininjurymn.org

Walk for Thought draws a thousand walkers

Staff Report

The 2005 Walk for Thought drew nearly 1,000 people at the walks in the Twin Cities and Blackduck for a day of celebration, commemoration, and community involvement. The two walks raised \$70,000 to help persons with brain injury.

Nearly 1,000 people took their time, energy, and resources to promote the Association and the important issue of brain injury. In the course of this event, 1,000 people knocked on their neighbors' doors, made telephone calls, sent emails and letters, and told their personal stories about brain injury to countless Minnesotans. As with other Brain Injury Association of Minnesota activities, this was a tremendous grassroots effort of which we can all be very proud. Brain injury is considered the "silent epidemic" due to the low public awareness on this issue, but because of the efforts of a



photo by Erin Mulcahy-Billig

Participants rolled up their sleeves and enjoyed unseasonably warm weather at this year's Walk for Thought

growing number of individuals, *we are making a difference.*

This year, over 60 team captains, 20 corporate sponsors, and 28 volunteers went over and above the call of duty. This level of support is impressive and exciting as it

demonstrates the Association's growing capabilities to reach a broader audience.

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on page 8**

Reinventing the system

Voc rehab sees another round of changes

By Sharon Rolenc

Minnesota Vocational Rehabilitation (VR) made history in January 2004 when they instituted a waiting list for all eligible consumers. No one came off that list for eight months.

"We had gotten ourselves into a financial crunch where we couldn't write any new employment plans so people sat on a waiting list and our waiting list got built up to over 6,000 folks," said Connie Giles, Director of VR/Workforce System Integration, for the Minnesota Department of Employment and Economic Development (DEED)

After several years of flat funding from the state and federal government and rising staffing and healthcare costs, VR is again looking at ways to reorganize its service delivery system to make the most of limited resources.

"What we're looking at is ways that we can avoid shutting ourselves down again," said Giles.

VR was also seeing a decline in production, and counselors with large, unmanageable case loads. "We've rehabilitated fewer and fewer and fewer people in the last

three years or so. That's not the direction we want to go. We need to turn that around and improve our production and one of the ways we're going to do that is through better quality of services," said Giles.

A classification of "core services" versus "intensive services" was established to determine the level of eligibility. As well, an orientation to the VR system has been introduced to catch people before they apply to

help them determine what level of service is needed.

To meet eligibility for intensive services, the individual is assessed according to "functional limitations." These include: mobility, self-direction, self-care, interpersonal skills, communication, work tolerance and work skills. A person must meet

**Vocational Rehabilitation
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Memory challenges and the holidays

**From the
Board Chair
Russ
Philstrom**

Staying on schedule for the tasks and duties we are always so willing to accept is a major challenge for those of us who have experienced a TBI (traumatic brain injury). When we start a task or agree to perform one we need to be sure that there are ways that we are reminded about the job to be done. With the approaching holiday season there are so many things going on it is

very easy to forget the things we have promised to do.

For some of us a notebook with a daily planning schedule is a great tool. For others we write down the jobs and then forget to read our notebook each day. Ask for someone you have daily contact with to help remind you of your jobs and the need to read your daily planner. Set a pattern of doing these things more than once each day because it is so easy to get sidetracked as your day progresses and those duties are forgotten. If you check your planner in the morning and again after lunch, perhaps you can begin to finish more of those tasks on time.

With the winter season here we

need to be prepared to handle the snow and ice conditions with proper care. For some of us our balance is not what it used to be and falling is a serious concern. Those of us who are able to drive need to be prepared for all the problems that winter throws at us. We need to watch the road conditions and of course drive defensively because the others on the road may not be driving as carefully as they should.

Holiday shopping and preparations for all the upcoming days have most of us not paying close attention all the time as we travel. We also need to be sure we are dressed for the weather conditions and prepared for all the different kinds of car problems the

cold weather can bring. Having emergency necessities for survival in extreme cold weather in our vehicles seems to be more work than it is worth until we find ourselves stuck miles from anywhere and our cell phone has no signal and it is below zero and dark. Now we look at the fuel tank and it is down to a fourth full and we wish we had filled it. How are we going to make it? Better to ask those questions now and make the decision to stay home if at all possible when the winter storms are threatening.

As we prepare for 2006 I want to wish everyone HAPPY HOLIDAYS and HAPPY NEW YEAR.

CALENDAR of EVENTS

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

January 17, March 21: 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 6:00 p.m. and runs until 8:30 p.m.

February 21: 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 6:00 p.m. and runs until 8:30 p.m.

February 1: Discharge Planning in Today's World

The 2006 Discharge Planning Conference is designed for discharge planners, nurses, social workers, case managers, educators, vocational counselors, intake coordinators, residential managers and occupational, speech, and physical therapists. All interested health care providers are welcome to attend.

The 2006 Discharge Planning Conference will take place on February 1, 2006 from 7:45 a.m. to 3:30 p.m. at the Minnesota Department of Health office at 1645 Energy Park Drive in St. Paul. Registrants are responsible for their own hotel arrangements. A block of rooms is available for conference attendees. The rate for a double queen or king room is \$69 plus tax at the hotel listed below. (Rate effective as of publication date).

Registration is \$90.00 for Association members, and \$100 for nonmembers. Registration deadline is January 25, 2006. Registration after this date or at the door is \$110.00. The registration fee includes course materials, continental breakfast, lunch and breaks. Please call 612-378-2742 for more information.

April 2: 4th Annual Xtreme Safety Fest at the Mall of America

Save the date! The 4th Annual Xtreme Safety Fest is an exciting family event with live BMX demonstrations, safety information and helmet fittings. Send the message to your children that they can play it safe while playing hard! The event takes place from 1:00 - 4:30 pm.



**Brain Injury
Association
of Minnesota**

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Mission

The mission of the Brain Injury Association of Minnesota is to create a better future through brain injury prevention, research, education and advocacy.

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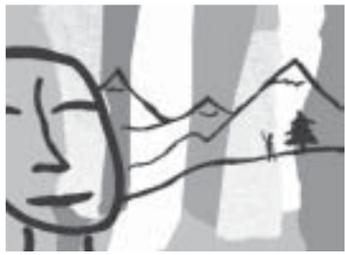
Janice Webster, Volunteer Program Assistant

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

In My Opinion: Question process when it restricts access



By Tom Gode
Executive Director

Minnesota has a strong history of services for people with disabilities and Vocational Rehabilitation (VR) has been one of the key players in making that happen. However, in 2004 we saw the administration cut off access, waiting lists explode and quite frankly a sad situation get worse. Now two years later we see what appears to be a further restriction on access to employment services.

People with brain injury have traditionally been underserved through the Minnesota VR program. Challenges with memory, struggles with awareness, organizational and social skills are four of the obvious challenges that VR counselors frequently misunderstand resulting in individuals with brain injury not being able to access employment services or failing to complete the process to

employment.

Eligibility is spelled out specifically in the federal rehabilitation act and yet the Minnesota program seems to have added the new "ability to maintain substantial employment" to the list. Note the federal conditions for eligibility are:

1. The presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment; and
2. A reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability.

The federal eligibility guidelines do not say the individual must be able to work a minimum of 20 hours a week, or otherwise define "substantial employment" as part of the eligibility criteria.

According to the 1999 "Vocational Rehabilitation and Employment Services Fact Sheet" put out by the National Association of State Head Injury Administrators, "Nationally 75 percent of persons with traumatic brain injury (TBI) who return to work will lose their job within 90 days if they do not have supports. Even after an individual with TBI is successfully employed through vocational rehabilitation services, he or she may later need

Nationally, 75 percent of persons with traumatic brain injury (TBI) who return to work will lose their job within 90 days if they do not have supports.

help when adapting to changes in the job or life situations." Most individuals who have sustained a brain injury want to return to work, but they may not be able to return at the same level of job or the same intensity as fatigue may require that they work a shorter day, work every other day, etc.

The department has stated they are there to serve employers. They have taken staff positions to create a new business unit and from an outsider it appears that federal funds intended to enhance individuals' employment skills are being shifted to support businesses. Employers need to be at the table but not at the expense of the individual needing services.

The move to serve more individuals through the more generic group services of the workforce center will result in less individuals with brain injury receiving employment supports. Research has demonstrated that generic or "core services" do not provide the supports and cues needed for persons with brain injury and ultimately the individual will lose the opportunity for employment.

There are many cases of people with brain injury that have jobs to return to but need some assistance, and often minimal supports, when transitioning back to work. According to VR's Order of Selection, these individuals do not meet eligibility criteria. The lack of appropriate supports will frequently begin the cycle of failure that many people experience following a life changing brain injury. This is a cycle that often leads to dependency on SSI/SSDI and loss of production in the workforce.

The Department is implementing many changes; it is up to each of us to question the process when it restricts access. If you have been denied access to intensive VR services, had problems applying for VR services, sat on a waiting list, please give the Brain Injury Association of Minnesota a call at 1-800-669-6442 and ask for Christina.

It is not too late to get involved. Get engaged! There are advisory committees to participate on, there are public hearings of proposed changes and there is an appeal process, but *you* must act.

TBI and the last days of Pompeii

In 79 AD, Mount Vesuvius erupted and all of Pompeii was buried in an instant. Thousands of people died in that instant. Most people couldn't imagine that, but some of us have seen our life end and lived to tell about it.

I pause now, from time to time, and ask myself, "If I died right now, is everything in order?" Will my loved ones be able to sort through my affairs with a minimum of difficulty? There is that very real practical side and this must be given particular attention as we get older and field more commitments; bills, mortgages, dependents, etc.

There is also dying with dignity – living as if each step were the end. If I dropped dead right now would I be proud of the way I lived my last day? Some believe in a higher power; are you ready to answer for your actions? As an Atheist I have no



other to hold as my ideal, I must live the best life I know how according to the dictates of my own conscience. There is no word that means "to knowingly deceive oneself." The person we find hardest to forgive is our self.

I could tell myself "Yeah, I almost died and now my life is ruined, it's not fair." I could go through my days nursing my regrets. No one would be justified in telling me I should do otherwise, because life after brain injury can be that bad. Because I could choose to do that, and I could also choose not to do that.

If I chose to do that, then I would choose to live my life frozen in a death grip of regret. As dramatic and omnipotent as that may seem, I decided that I would not live my life that way.

Instead I wondered what I could learn from this - this tragedy, this travesty...this tremendous learning opportunity. I decided the real tragedy and travesty would be to have gone through what I went through and have learned nothing. First and foremost I gained a rare viewpoint. I was like the title character from Laurence Sterne's book "Tristram Shandy" whose father "walked a path so far removed from the road traveled by others that he could not help but see things from another angle."

I'm living on bonus time. I no longer fear death the way many people do because I have already

lived past my time. If life were a video game I just got an extra life to extend play. If I die today I've lived sixteen years longer than I should have; I got sixteen more years than a person ordinarily gets. I feel like I'm viewing my life with the ghost of Christmas future from Dickens' "Christmas Carol," except I really am living in this possible future.

So what I have I learned? What's my secret to life, the universe, and everything?

I must give to get and get to give.

Strand, a regular newsletter contributor, has a book "Meditations on Brain Injury" now available on Amazon.com. The book is a collection of essays, many of which were printed in previous editions of HEADLINES.



NEWS BRIEFS

What's new at the Association and in the brain injury community

New Info 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 (NBIIC), in collaboration with the Brain Injury Association of America, is a pilot project to evaluate an 800 number that will be directly linked to the Brain Injury Association of Minnesota.

The project will provide information and resources to individuals with traumatic brain injury, family members, professionals, and the general public. The project is currently being funded through the Centers for Disease Control and Prevention. A person calling the additional 800 number in Minnesota will link to her/his state affiliate Resource Facilitation department to access local services, resources, and information. The NBIIC pilot project will support the standardized 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 to places 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 NBIIC 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 NBIIC, please contact Janis Wack at 612-238-3246.

2006 Family Retreat

Mark your calendars! A Family Retreat will be held the first weekend in May 2006 at Camp Courage. The retreat is offered in collaboration with the Minnesota Department of Education's MN Low Incidence Projects, and is geared towards families who have a school-age child with brain injury. For more information, contact Anne Schuller at 612-378-2742 or 1-800-669-6442.

Feb. 1 Discharge Conference

The Brain Injury Association of Minnesota, in conjunction with the Minnesota Department of Health is offering the 2006 Discharge Planner's Conference on Wednesday, February 1, 2006.

Keynote speaker Jim Stolz will kick off the conference. As a Licensed Independent Clinical Social Worker with specialized training in Health and Medical Social Work Services, Stolz is the Director of Social Work Services at Interprofessional Center for Counseling and Legal Services in Minneapolis. He has provided social work and discharge planning services in various medical and psychiatric hospitals to clients dealing with psychiatric problems, chemical dependency, physical disabilities, strokes, orthopedic injuries, traumatic brain and spinal cord injuries.

The conference breakout sessions include topics of working with undocumented patients, relocation services, county services and recent changes, methamphetamine use in the community, and a panel of Resource Facilitation staff sharing important issues and concerns.

Keynote speakers Bonnie and Gene DeBoe will close out the event by speaking about their life following brain injury. The DeBoes shared their family story, "Where are those silver linings?" at last spring's Annual Conference in St. Cloud, with great reviews.

The Brain Injury Association of Minnesota is accredited through the Department of Health for Continuing Education Units (CEU) for nursing, physical therapy, occupational therapy and speech therapy. Visit <http://www.braininjurymn.org/DischargePlanning.cfm> for the Discharge Planning Conference brochure and registration form. For more information, contact Anne Schuller at 612-378-2742.

Employment Report for Persons with Disabilities Released

A recent report was released examining the state of employment in Minnesota for persons with disabilities. The objective of the report was to conduct a customer-focused study among Minnesota employers to identify and measure issues and perceptions that constitute

barriers to employment for individuals with disabilities.

The report was prepared for the Minnesota Governor's Council on Developmental Disabilities, the Minnesota Department of Employment and Economic Development (DEED), the Minnesota Department of Human Services and the Minnesota State Council on Disability. To view the full report, visit: www.mnddc.org/news/pdf/employer_survey_rpt.pdf

Los Primeros Pasos Importantes al cuidar a un ser querido con una lesión cerebral

1. Comuníquese con grupos de apoyo de su localidad o con la Asociación de Lesión Cerebral de Minnesota
2. Mantenga un registro diario de los cambios mentales y físicos del paciente
3. Establezca un sistema de apoyo con familiares y amigos
4. Comuníquese con el administrador de casos de su hospital
5. Presente inmediatamente una solicitud para participar en el programa Ingreso Suplementario de Seguridad
6. Solicite inmediatamente el Seguro por Discapacidad del Seguro Social
7. Hable con el administrador de casos del hospital sobre aquellos servicios a los que el paciente pueda tener derecho

Important First Steps in supporting a loved one with a brain injury

1. Get in touch with local support groups or contact the Brain Injury Association of Minnesota for a list of support groups
2. Keep a daily journal of patient's mental and physical changes
3. Establish a support system of family and friends
4. Contact the case manager at your hospital
5. Apply for SSI/ Medicaid immediately
6. Apply for SSDI/ Medicare immediately
7. Talk with your hospital case manager about services for which the patient may be eligible

Resource Facilitation adds more bi lingual capacity

By Janis Carey Wack
Director of Consumer Services

Navigating our health care and county financial systems can be incredibly challenging for any of us, but if an individual's native language is something other than English it is even more daunting. Accessing health care and financial systems becomes very complicated when a new immigrant's cultural and language differences present unique challenges in accessing the services that they require.

Resource Facilitation is all about understanding people, building relationships, identifying issues and needs related to their injury and connecting them with required services. It provides long term follow-up that can assist persons with brain injury, their loved ones and professionals, with accessing knowledge, support and services to benefit the transition back to home, community and work.

The Association is pleased to have a staff person who is fluent in the Hmong language and is able to have one-on-one conversations with consumers looking for assistance. Lena Moua has many years of experience providing support and navigational assistance to new

arrivals to this country through her work with immigration and refugee services through Catholic Charities. She also has experience working with both county systems and school districts and will be able to use this experience to assist individuals and families living with brain injury as they encounter these systems.

Lena describes herself as bi-lingual and bi-cultural in the Hmong language and culture. She has helped many organizations understand the complexities of working with the unique issues of language and culture. In her role as Resource Facilitator, Lena will cover the East Metro region for the program. This area encompasses Ramsey, Washington, Dakota, Scott and Carver counties. As the Hmong speaking Resource Facilitator, Lena will also support individuals from Hmong communities throughout the state of Minnesota.

Although the Brain Injury Association of Minnesota has provided access to Spanish speakers for over four years, we also have a Spanish speaking Resource Facilitator who has recently joined our team. Emma Kelty became fluent in Spanish between years of study and several months living in Valparaiso, Chile. Previous to her work as a Resource Facilitator,

Emma worked for the MN Advocates for Human Rights, which is a program that matched volunteer lawyers with people seeking asylum in the United States.

Emma supports individuals with brain injury and their families whose primary language is Spanish throughout Minnesota. Emma's region of the state is the North region comprising 42 counties with major population clusters in the Duluth, Brainerd and St. Cloud areas.

Both Lena and Emma are welcome additions to the staff here at the Association as they open the door for persons who speak Hmong and Spanish to receive the information, support and services needed to navigate life after brain injury. If you would like to learn more about the Resource Facilitation program please contact the Association at 612-378-2742 or 1-800-669-6442 in greater Minnesota. Lena and Emma can also be reached at these numbers.



Injury and Violence PREVENTION

We're looking forward to working with our partner, the Brain Injury Association of Minnesota, to make RESOURCE FACILITATION a reality for all Minnesotans with brain injury.

www.health.state.mn.us/injury

Visit our website to ...

- Sign up for our free newsletter
- Create your own data tables about injury and violence in your part of Minnesota (See MIDAS: the Minnesota Injury Data Access System)
- Read reports, fact sheets, and data briefs on injury and violence

Or call or write ...

Injury and Violence Prevention Unit	P.O. Box 64882
Minnesota Department of Health	St. Paul, MN 55164-0882
(651) 281-8954 – telephone	(651) 215-8959 – fax
injury.prevention@health.state.mn.us	

Our mission is to strengthen Minnesota's communities in injury and violence prevention. We do this by ...

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- Developing and evaluating prevention programs and policies, and
- Providing tools, technical assistance and information to others.

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For Life



"The Choice is Yours"

Mild to moderate traumatic brain injury rehabilitation

By Christine A. Hill

Mild to moderate traumatic brain injury (TBI) programs are unique systems of diagnosing, treating, and caring for patients who experience post-traumatic effects of an injury to the brain.

"Any time there's a sudden, violent movement of the head, a traumatic brain injury can occur," explains Sarah Rockswold, MD, physical medicine specialist and program director for the Mild to Moderate Traumatic Brain Injury Clinic at Hennepin County Medical Center (HCMC).

"This happens when there's obvious head trauma, but it also can occur inside the skull when the brain absorbs impact as it hits the inside of the skull."

There are many reasons why mild to moderate brain injuries can be overlooked, including the patient's more apparent injuries.

"All I remember is waking up at the hospital," says Christopher Weiss, a 34-year-old firefighter and captain with the Ramsey Fire Department. "I guess I kept asking 'what happened?' at the scene, but I don't remember saying a word."

Weiss was ejected from a hook and ladder truck during a training exercise in Minneapolis in May of 2004. While attempting a maneuver, the vehicle struck a light pole and Weiss was thrown a distance of 10 feet, striking his head on the pavement and losing consciousness. He was brought by ambulance to HCMC where a CT scan of his brain indicated that he had some bleeding in his brain. He had also separated both of his shoulders and fractured his breastbone. After being seen by a neurosurgeon, Weiss was evaluated by both occupational and physical therapists and was discharged three days after his head struck the pavement.

Like Weiss, many patients with mild to moderate TBI are seen by physicians immediately after the injury; but from the doctors' standpoint, there are not many major neurological deficits. In fact, especially with patients with mild brain injury, problems don't seem to surface until the patient begins to

return to regular activities and finds that "something just isn't right."

"Something just doesn't 'feel' right."

This is one of the most common reasons patients call a mild to moderate brain injury rehabilitation program. The patient may look fine; he or she is recovering from obvious injuries and can perform activities of daily living, but things just "don't seem right."

"Like so many patients who experienced a brain injury, Weiss had the 'classic' symptoms typical of a mild or moderate traumatic brain injury including short term memory deficit, impaired attention and concentration, word-finding difficulties, headaches, dizziness, balance and coordination problems, trouble sleeping, irritability, and fatigue," explains Dr. Rockswold.

"For patients and families already trying to adjust through recovery issues, it's very frustrating to deal with these unexpected symptoms from a mild to moderate brain injury. In the past, many of the problems patients with TBI experience have not been recognized by the medical community, so they have been grossly underserved. That's why mild to moderate traumatic brain injury rehabilitation programs are so successful."

Diagnosis and treatment

It takes an experienced professional to know the right questions to ask so that an accurate diagnosis of mild to moderate traumatic brain injury can be made.

A successful, comprehensive mild to moderate TBI program has a team that includes professionals from physical medicine and rehabilitation, neurosurgery, neurology, ear nose and throat (ENT), sleep medicine, neuroradiology, pediatrics, psychiatry, psychology, neuropsychology, occupational and physical therapy, speech pathology, therapeutic recreation, audiology, vestibular medicine social services, nursing and interpreter services (if necessary).

"In the past, many of the problems patients with TBI experience have not been recognized by the medical community, so they have been grossly underserved.

That's why mild to moderate traumatic brain injury rehabilitation programs are so successful."

- Sarah Rockswold, MD



Submitted photo

Mild to moderate brain injury rehabilitation helped Christopher Weiss get back to work doing what he loves best - fighting fires.

This multidisciplinary approach is the hallmark of a successful mild to moderate traumatic brain injury program, and every professional on the team must be very familiar with traumatic brain injuries. The mild to moderate TBI rehabilitation begins with a thorough history and physical examination by a skilled physician specializing in traumatic brain injury, which leads to the development of a customized plan of care, addressing each specific area of concern.

Weiss was referred to a mild to moderate TBI clinic in June 2004. He was given medications to help with his headaches and sleep impairment, and was sent for neuropsychological testing to see if he had objective cognitive deficits. This neuropsychological testing showed that he had difficulty processing information and some short-term memory problems. Weiss also was found to have problems with his balance as well as with motor coordination with his left hand, which was consistent with his right-sided brain bleed. He received physical therapy to help with both these problems.

Over the next few months after his injury, Weiss' symptoms slowly resolved, but he continued to be irritable and have post-traumatic flashbacks typical of a traumatic brain injury. He was sent to a psychologist who specializes in traumatic brain injury to help him deal with the symptoms and two months

later, they had resolved. Weiss also was sent to Courage Center for a driving evaluation to make sure he was safe to drive a fire truck, which he passed. He slowly returned to work as a carpenter, and three months after his injury, he was allowed to participate in fire drills, but could not directly fight fires. Five months after his injury, all his symptoms had resolved and he returned to firefighting without restrictions.

"I wanted to get back to doing my job and feeling the way I did before the injury. Going to the mild to moderate brain injury clinic and getting help from a variety of professionals really made the difference," he said.

Like Weiss, most people with this kind of injury recover with time; however, during the recovery time patients can have many problems.

"Mild to moderate traumatic brain injury rehabilitation programs try to get patients through that time period, by helping with symptoms, teaching them how to deal with their cognitive deficits, and educating the patient," says Dr. Rockswold. "This keeps people from feeling like they are going crazy and also allows the other people in their lives to understand what they are going through."

Contributing author Christine Hill is a writer at Hennepin County Medical Center in Minneapolis.

21st Annual Statewide Conference on Brain Injury

Staff report

Mark your calendars for the 2006 Annual Conference, "Reaching Out, Growing Together." The event will take place at Earle Brown Heritage Center in Brooklyn Center on May 19 and 20. Keynote speakers for the event include Roberta DePompei and Holly Kostrzewski.



Roberta DePompei

Roberta DePompei will provide keynote presentations each morning, as well as breakout sessions each day. Dr. DePompei's professional positions have included speech/language pathologist/audiologist in hospitals, rehabilitation facilities,

home health agencies, public school and private practice. She is currently employed as school director, professor and clinical supervisor at The University of Akron.

Dr. DePompei's major area of research is traumatic brain injury (TBI) in children and adults and resultant cognitive-communicative disorders. She collaborates nationally, and has conducted research on the impact of TBI on the family system and communication. Her research also includes home, community and school reintegration for people with TBI, including school age through college levels. She has conducted numerous workshops and



Holly Kostrzewski



presented papers on these topics at international, national, state, and local conferences.

Holly Kostrzewski, of Duluth, will be closing the conference on Saturday by sharing her experiences of living with brain injury. In 1999, she sustained a life-changing brain injury during a motor vehicle crash, and has faced significant challenges during her on-going recovery.

Through determination, faith and a positive attitude, Kostrzewski graduated college with honors and now serves as the Injury Prevention Program Coordinator for the Fond du Lac Band of Lake Superior

Chippewa. Kostrzewski also founded the HUGS (Helmet Use and Grab your Seatbelt) program. She has appeared at events and conferences nationwide and in Canada, inspiring thousands with her message of hope and inspiration.

For more information about conference sponsorship and exhibit opportunities, call 612-378-2742 or 1-800-669-6442. Registration materials will be available in late March. Check for registration forms, sponsorship materials and other updates on the conference event webpage, www.braininjurymn.org/EvntAnnualCon.cfm.

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Walk for Thought from page 1

The Dragonfly Clan, lead by Team Captain Tracy Winkel-Johnson, held their title as top fundraising team for the second year in a row. The Dragonfly Clan raised over \$6,700. Winkel-Johnson was also the event's top fundraising individual with \$4,500 raised.

"My inspiration for fundraising for the Walk for Thought would have to be my brother, Steve, who we lost to a brain injury. Participating in the Walk, really throwing myself into it, seems like a good way for me to positively honor my brother's memory and keep his spirit alive while also doing something to help others," said Winkel-Johnson.

Two teams raised over \$2,500: Team Teddy and the Stamping Turtles. Team Nichole, Team Regions, Craig's Cracked Cranium, Team Neurons, Team Amy, Team Nowling, Miracle Lady, The Mighty Mains' l Marchers, TBI Metro Services and Team Dunganvin are teams that raised over \$1,000.

Top fundraising individuals with over \$1,000 a piece are Joanne

Bolles and Sue Winkel. Individuals that raised over \$500 include Lisa Nowling, Julie Hanf, Tammi Johnson, Jeff Gagnon, Michael Carter and Terri Traudt.

All proceeds from the walk will directly benefit the Brain Injury Association of Minnesota's multiple services and programs that serve persons with brain injury.

Picture galleries from this year's walk are available on the Association website.

Thanks to our participants, sponsors, volunteers, staff, Walk Committee and board of directors for their support and commitment to bring help, hope and a voice to the 94,000 Minnesotans who live with a disability due to brain injury. The Walk would not have been as successful without everyone's involvement. The steps we took during the Walk for Thought will help thousands of Minnesotans affected by brain injury achieve even greater strides of their own.

Watch the Association web site, www.braininjurymn.org, in the coming months for details on next year's walk.



photo by Sharon Rolenc



photo by Erin Mulcahy-Billig



Photo by Lisa Karsten

Top photo above: As the Team Captain of the Dragonfly Clan, Tracy Winkel-Johnson captured both top fundraiser and top fundraising team titles this year
 Photo above: People gathered from all over greater Minnesota at the walk in Blackduck
 Photo on left: Team Teddy gathered walkers of all ages

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Photo by Lisa Karsten
 Board chair Russ Philstrom (center back) with Maxine Beck (left) and her daughter Rhonna Mystic (right) and granddaughter Nichole Mystic (front) at the Blackduck walk.



Photo by Sharon Rolenc

Walk for Thought participants utilized several methods of transportation to get around Lake Phalen


Mike's Big Brain Bash 2.0
February 25, 2006
Withrow Ballroom, Stillwater


Come bid on a variety of silent auction items and enjoy a mix of 70's, 80's and 90's covers and classic rock with Voice of Reason. Mike Strand, a person with brain injury, is hosting the event, with proceeds to support the Brain Injury Association of Minnesota.

Tickets are \$5 in advance or \$7 at the door. Tickets can be purchased at "The Daily Grind" coffee shop in downtown Stillwater, or by calling the ballroom at 651-439-5123.

Doors open at 7:30 p.m. • Live music starts at 8:30 p.m.




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Vocational Rehabilitation from page 1

three or more of these limitations to be considered priority one. There are four priority categories.

Historically, categories two, three and four have waiting lists, and for many years, most people in categories three and four have not been served.

According to Giles, the priority two category was reopened for service on November 21. "Because of the changes already made, now we were able to open priority two, and anyone that was on the waiting list has been taken off. Priority two will now be open for the foreseeable future," she said.

Several changes are in place in the hopes of improving services, as well as opening up service to people in lower priority categories. One is a larger reliance on WorkForce Centers as a means to help people who need less support, and a way to avoid duplication of services.

Minnesota WorkForce Centers (WFCs) provide tools, resources and services needed for job search, career planning and training needs. WFCs are a collaborative effort between DEED and local community agencies. Their goal is to help people who are seeking employment as well as businesses who are seeking employees.

Each center has a Resource Room that is operated similar to a library, offering tools like assistive technology, books, equipment, software/internet access, staff support and employment workshops. The environment requires consumers to be self-directed in order to access services.

Professionals in the brain injury field, however, are concerned about the unique challenges that may face persons with brain injury that try to access help through WFCs. "A person with brain injury who tries to use the workforce center independently, may get lost in the many steps required to get a job. With no contact person to help cue them on the steps to take, and help problem solve along the way, they can get frustrated, have difficulty following through a process and get lost or give up. This system has the potential to lose many of our consumers with no net to support or catch them," said Ardis Sandstrom, Associate Director for the Brain Injury Association of Minnesota.

Substantial Employment

Another standard for determining eligibility for VR intensive services is whether an individual's plan will lead to "substantial employment." The reason for this came out of VR's concern that people were not

working up to their potential, or were using VR services as a means to access other public services like Medical Assistance for Employed Persons with Disabilities (MA-EPD).

"Once MA-EPD came out, we had a lot of referrals for people making just \$75 a month in the hopes of getting MA-EPD. And we started saying – that's not what we're about," said Giles. "We're not going to open an intensive case and provide intensive services for folks if they are trying to minimize their own potential."

Giles said that there is no minimum amount of hours that determine "substantial employment." Much of the eligibility is based on the individual's potential and is left up to the determination of the VR counselor.

"When you are working with people, there is no formula. Everybody is an individual. That's the beauty of what we do, we address the individual," said Giles.

Performance Based Agreements

One of the most significant changes in VR becomes effective January 1. A new Performance Based Agreement replaces the traditional fee based service that VR utilizes. Currently, the fee based system pays an hourly fee to vocational rehabilitation providers. The new system will pay a flat fee for Non-supported Employment (\$1,750 total) and a flat fee for Supported Employment (\$2,100). Fees are paid out at certain benchmarks along the way.

"In the past we were paying for the process, and the process could go on endlessly, and there really wasn't a lot of quality measurements built into the process," said Giles.

The new structure means that providers do not get the bulk of their fee (35 to 50 percent) paid until the consumer is in stable employment for at least 90 days.

"Our main concern with the new system is that how is it going to affect clients, especially clients that have the most severe disabilities. Because with the performance based system, it may actually discourage some providers from serving clients who have the highest needs through VR because it's a set fee system," said Wade Majewski, Director of Brain Injury Services, TBI Metro Services.

As a larger provider, TBI Metro Services will likely absorb any initial financial losses, and Majewski said that their TBI clients should not be concerned.

"I don't think this will change how we do business," said Majewski. "We're taking a wait and see approach. We're also waiting to see if there are any other changes

from the state before determining if there are any changes we need to make with our system."

Some VR providers underwent significant changes as a result of the 2004 VR waiting list, and are braced and ready for this next round of changes.

"We aggressively sought out other avenues of funding to continue being of service to the people that we were working with. One of the things that it did was renew our focus on working with area business and the employers that we [currently] work with in terms of networking. So now when we have people come in, we are able to do more rapid placement. It forced us to be more effective and efficient in the delivery of service," said Christian McCalla, vice president of Functional Industries.

When asked whether they would be more careful in the selection of consumers they help under the Performance Based Agreement's flat fee structure, McCalla said probably not, and that the people with more severe disabilities who take longer to place will be balanced out by people that are easier to place. "The idea is

that the law of averages will account for some of that variability."

Ultimately, the success of VR's changes will depend on how all parties work together – VR counselors, providers, community organizations and consumers.

"The system is really predicated on having good communication amongst all of those entities that are involved in seeking employment with the person and helping them to be successful in that employment," said McCalla.

For persons with brain injury who are struggling with new communication challenges after their injuries, the importance of self-advocacy will likely prove to be both a necessity and a barrier.

"During the first nine months of 2005, the Association had 475 persons identify barriers to vocational needs around access to vocational rehabilitation, employment support services, inability to find job placement and retention, and accommodation concerns. This is an issue that greatly impacts persons with brain injury and an issue that the Association takes very seriously," said Sandstrom.

Not eligible

By Sharon Rolenc

On an icy January in 2004, 19-year-old Rachel Talbert lost control of her vehicle, and hit an electrical box. She was in a coma for three days and experienced a brain injury as a result. Since her brain injury, Talbert experiences on-going headaches, chronic fatigue, a low frustration tolerance, short term memory and minor speech problems. "My memory is slowly getting better," she said.

At the time of her crash, Talbert was employed as a housecleaner. The work was physically demanding, and due to problems after her brain injury including extreme fatigue, Talbert was forced to cut her hours. "But they worked me back up to 36 hours a week because I really needed the money to survive," said Talbert who lives on her own in an apartment in greater Minnesota.

She was hoping to find work that was less physically demanding and fatiguing, less isolating, and more in contact with other people. She turned to Vocational Rehabilitation because she wanted to find work that was more suitable for her to manage with a brain injury, and she needed help and guidance to follow through with her employment search. "Since my brain injury, I get frustrated really easy and I just quit trying."

Talbert was told she was not eligible because she was already working. She said she feels caught between a "rock and a hard place."

"I'm a hard worker and I'm on time all of the time," said Talbert. She has the skills necessary to keep a job, but needs structured guidance on how to get into another profession – one better suited for the challenges that she faces with her brain injury. She would also like a job that utilizes her people skills. "I'm really good with people. I was thinking it would be nice to be a dietary aide in a nursing home, so that I can be around people." Talbert's also concerned that other low-skill jobs wouldn't work well with the challenges she faces with a brain injury. "I have to stay away from cashier work or waitressing," she said because the math is too difficult after her brain injury, and the stress that comes with such professions would be too much for her to manage.

Talbert expressed frustration with the lack of vocational help she has had after her brain injury. "I just need a little help. I want to look forward to work and not be so tired all of the time."

Another fantastic year of volunteerism at the Association

By Kimberly Ferencik
Volunteer Coordinator

2005 was another fantastic year of volunteer support for the Brain Injury Association of Minnesota. Individuals gave more than 5,500 hours of their time to help people affected by brain injury and raise awareness about brain injury.

The following people have warmly contributed their time and talent to support persons with brain injury and their families in 2005. For their continued support, the Brain Injury Association of Minnesota sincerely thanks ALL of them:

Anthony Aghenta
Mohsina Ahmed
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TBI Metro
Serena Thompson
Douglas Toavs
Susan Ellerbusch Toavs
Terri Traudt

Volunteers
on page 16

Volunteer Spotlight: Mathew Menard

Volunteer duties: Mat answers phones, does data entry, mailings, typing, transcribing and other administrative projects. He also types 50 words per minute. If you call the office Wednesdays, Thursdays, or Fridays, chances are Mat is the friendly voice who directs your call.

Birthplace: Anoka, Minn.

Age: 21

Length of Service: Volunteer since November 2004

Pets: Cat named Shasta. She's black with a white stomach and feet

Hobbies: Baking (chocolate chip cookies are a favorite), movies (recently saw and recommend "War of the Worlds"), Bingo and watching movies at Vision Loss Resources, chatting online

Reason for volunteering: I enjoy helping others and love being around other people

Best vacation ever: When I went to a cabin up North by Duluth with my mom and dad. It was quiet and relaxing and really nice to be away from the city and all the noise.

What Mat wants you to know about him: I'm a friendly guy and fun to be around. I enjoy talking to people, especially online.

What Mat wants you to know about the Brain Injury Association of Minnesota: Everyone here is always friendly and willing to help.

Recent Achievement: Mat received the 2005 Award for Excellence in Youth Volunteerism from the Minnesota Association for Volunteer Administration. This award recognizes a young Minnesota volunteer (19-24 years old) who has distinguished accomplishments and shown extraordinary interest in the area of volunteerism. Through his personal examples, Mat demonstrates the impact young people can have on the improvement of their community through an outstanding commitment to volunteerism.



photo by Steve Menard

Mathew Menard (left) received the 2005 Award for Excellence in Youth Volunteerism. Brad Donaldson, Director of Operations for the Association attended the ceremony.

Service and therapy dogs

By Lexi Bush

For many persons with disabilities, the recommendation for a service or therapy dog may seem helpful, but often, confusion between the two types of dogs can cause more problems than solutions for the new owner.

Most commonly, individuals with disabilities are encouraged by family members, occupational therapists or medical professionals to get either a service or therapy dog to assist them with obstacles that plague their everyday routines, said Sue Kliewer, the Graduate Follow-Up Director for Helping Paws of Minnesota.

But, because of the large difference in responsibilities between the two types of dogs, uncertainty can arise from the owner about the real purpose for the animal.

According to the Americans with Disabilities Act, service dogs "are animals that are individually trained to perform tasks for people with disabilities – such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks."

Additionally, the ADA allows people with disabilities to bring their service dogs into nearly all places where the general community is accepted, such as in theaters, airplanes, restaurants, retail stores and hotels.

According to Kim Hyde, the Director of Training for the Hearing and Service Dogs of Minnesota, owners of service dogs should not encounter any problems with public access unless they are questioned about why the dog is not wearing a harness or cape.

Oppositely, therapy dogs are not protected under the Americans with Disabilities Act and do not complete the same training as service dogs.

Unlike service dogs, therapy dogs carry out their duties by request only and have restricted access to public places.

For example, therapy dogs are allowed to work in hospitals, nursing homes, prisons or abuse shelters to give people affection, motivate those who are mobility impaired to try physical activity, or accelerate the memory in people who suffer from Alzheimer's, but only by invitation.

Because the two types of dogs serve different purposes, owners often become confused with how they are able to use the dog in their everyday lives.

For example, if a professional instructs a patient to get a dog to help with isolation or depression, and the patient assumes the new animal is a service dog, they will face problems with public access and federal protection for the animal, said Christina Saby, Resource Facilitator for the Brain Injury Association of Minnesota.

Although this problem is not extremely common, some disabled people attempt to train their therapy dogs to become service dogs, but it is very difficult to have a disability and train at the same time, Kliewer said.

Additionally, if the new dog is not allowed in the owner's residence, they may be forced to give the dog away and break a special bond, or relocate to a new, animal-friendly apartment and encounter financial problems from the unexpected move.

"If someone has a pet dog and needs a service dog, they will most often find another home for the pet," Hyde stated. "[But] if the dog qualifies, we will assist them in training and certifying their pet."

Training for a therapy dog requires the animal to pass a certification test that proves the dog is obedient, non-aggressive and



physically healthy, among other things.

Although problems and confusion can arise about the real purpose of the animal, for most, the dog's company is well worth it in the end.

While reflecting on her service dog in the article, "My Uncanny Assistant," Claudia L. Osborn stated, "Micah Matisse has fostered my independence and enhanced the quality of my life. He is my daily reminder of the wonderfulness of unconditional love, of patience and perseverance. In many ways and at many levels, this dear little friend and assistant has reshaped my life indelibly and made me much the richer for the experience."

For additional information on service and therapy animals, please visit:

Hearing and Service Dogs of Minnesota: <http://www.hsdm.org>

Helping Paws Service Dogs: <http://www.helpingpaws.org>

The Delta Society: <http://www.deltasociety.org>

Assistance Dogs International, Inc.: <http://www.adionline.org>

The ADA Homepage: <http://www.usdoj.gov/crt/ada/adahom1.htm>



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LEGISLATIVE CORNER

Keeping up to date with public policy

2005 Legislative Home Visits a tremendous success



By Jeff Nachbar
Public Policy Director

Each year, between Labor Day and Thanksgiving, the Brain Injury Association of MN turns its attention to the grassroots. We gather our members in local communities across the state and look to you to tell us what is happening in your life and how, by working together, we can improve the quality of life for all people impacted by brain injury. Then, during the second half of these meetings, we invite state policymakers to hear your stories, comments and suggestions. These legislative forums, or home visits, are the backbone of our policy work.

They make brain injury issues real for legislators and set the stage for the upcoming legislative session and the policy changes we need.

In 2005, the Brain Injury Association of MN held 15 of these events all across the state. From Duluth to Winona you told your stories and legislators sat up and listened. People with brain injuries talked about what their lives were like, what happened and what it is like now. Family members and loved ones shared how brain injury has affected their lives. Professionals discussed their experiences working on behalf of people with brain injury and the challenges they face working in a system with diminishing resources. Everyone, including the legislators, heard over and over again how the issues of housing, transportation, employment and access to quality health care are important to our members. You also talked about the importance of preventing future brain injuries by passing tougher seatbelt and helmet laws. There is much work to be done but we have an excellent start.

My heartfelt thanks go out to those of you who took the time to attend. It was incredible to see the courage you all displayed, night after

From Duluth to Winona you told your stories and legislators sat up and listened.

night, as you came up front and talked about your life. I'm convinced your passion and commitment will make a difference in our upcoming work at the Capitol and I encourage you to stay involved. Thanks also to the hard working staff here at the Association that helped make this happen.

If you couldn't attend one of our events, or we didn't hold one in your community and you are willing to tell your story please contact me.

2005 Legislative Forum Highlights:

- 15 Events held in: Anoka, Brainerd, Buffalo, Burnsville, Cloquet, Coon Rapids, Duluth, Eagan, Edina, Faribault, Foley, South Minneapolis, Shakopee, St. Anthony, Winona.
- 26 Legislators attended: Senators - Belanger, Day, Jungbauer, Koering, Lourey, McGinn, Ranum, Solon, Wergin;
- Representatives – Beard, Emmer, Erhardt, Erickson, Fritz, Goodwin, Hilty, Hornstein, Hortman, Larson, Pelowski, Peterson-Neil, Powell, Ruth, Samuelson, Wardlow, Wilken.
- 168 Total participants attended, at least one legislator attended every event.
- One legislator said they would never again be able to vote on these issues without thinking about the people who came to the event.
- Every legislator talked about the importance of people staying in touch with them, that it was the only way they could know about issues affecting their constituents' lives.
- One legislator talked about their own brain injury, something they had never before disclosed in public.

What's Next: Citizen Advocate Program

Now it's time to turn our attention to the 2006 legislative session due to start on March 1, 2006. There is still much work to do and we must take advantage of the momentum that has been built up with our legislative forums. The Brain Injury Association of MN cannot do this alone; we have to work together if we hope to be able to create the policy changes necessary to make things better.

For years, the Brain Injury Association of MN has worked to build up a Citizen Advocate Program as a way to keep people informed on critical issues and to apply grassroots pressure on policymakers when we need their votes. In the next few months we'll be reorganizing our Citizen Advocate Program to make it easier for people to get involved. Whether you're willing to make phone calls, write letters, send emails, attend hearings or come to events, we need your help.

Many of you are already signed up as citizen advocates. If you are, you should be hearing from us soon to talk about ways for you to become even more involved. If you're not already signed up, please consider becoming a Citizen Advocate. We can show you how to make a difference, keep you informed and then we can work together to create a brighter future. I look forward to continuing our work together.

Citizen Advocate Sign-up Form

Yes! I'd like to become a Citizen Advocate and make a difference in the lives of the 94,000 Minnesotans who live with brain injury.

Name: _____

Address: _____

City, State, Zip _____

Day Phone: _____

Night Phone: _____

Fax: _____

Email: _____

I am a:

Person with brain injury Family member Professional

I'd be willing to:

Contact my legislator

Attend a brain injury event

Tell my story

Other: _____

Please return the form to Jeff Nachbar, Brain Injury Association of Minnesota, 34 13th Ave NE, Suite B001, Minneapolis, MN 55413
For more info: 612-378-2742, jeffn@braininjurymn.org



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In Memory of Florence Winkel
 Mr. Donald Carlson

In Memory of Gerald Prow
 Mr. Arthur Hambrun
 Ms. Anne Moessner

In Memory of John Mack
 Ms. Jane Johnston
 Mr. Daniel Mareck
 Mr. Chris Russ

In Memory of Randy Hanson
 Ms. Elaine Sauer

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Double your impact



Help individuals with brain injury in both Minnesota and Mississippi. Donate by December 31 and 15% of your dollars will be sent to the Brain Injury Association of Mississippi to help rebuild lives that were devastated by Hurricane Katrina.

For more information:
 612-378-2742
www.braininjurymn.org



Brain Injury Association of Minnesota

Comprehensive Brain Injury Care and Rehabilitation

Hennepin County Medical Center
HCMC
 Level 1 Trauma Center

- Family Involvement
- Prevention Services
- Emergency Services
- Inpatient Trauma Services Coordination
- Acute Inpatient Stabilization
- Brain Injury Rehabilitation
- Knapp Rehabilitation Center
- Mild to Moderate TBI Clinic
- Pediatric and Adult
- Community Reintegration Referrals/Follow-up
- Interdisciplinary Teams
- Survivors Group
- Statewide Physicians Referral Network
- Community Education

(612) 873-3950

www.hcmc.org

Demonstrate support of persons with brain injury

Join Today!

In 1984, a small group of families and professionals banded together to form what is now the Brain Injury Association of Minnesota. They fought and advocated for systemic change so that persons with brain injury have supports in place that allow their return to the community.

Over the years, we have assisted thousands of persons with brain injury and family members in navigating life after brain injury. We have also provided referrals, outreach and training for professionals in the brain injury community. Our reach and scope of services have grown exponentially over the past two decades.

However, our successes over the years could not have been possible without the on-going support from the brain injury community.

One of the most basic ways that you can demonstrate your support of persons with brain injury and your commitment to creating a better future through brain injury prevention, research, education and advocacy is to become a member of the Brain Injury Association of Minnesota.

While most of our services are free, and you don't need to be a member to receive these services, your membership sends a clear message to your fellow community members that you believe in the organization's mission and have a stake in our continued success.

The Brain Injury Association of Minnesota offers a variety of services including:

- Resource Facilitation – two year follow-up support for persons with brain injury
- Waiver Case Management Services (TBI, CADI and Relocation)

- Information about brain injury rehabilitation and support services
- Answers to questions about all types of brain injury and common consequences
- Education and public awareness activities throughout the year
- Continuing education and professional development activities for professionals who support persons with brain injury
- Outreach services for communities of color and underserved populations
- Referrals to dozens of support groups statewide

In addition to demonstrating your support of people with brain injury, your membership benefits include: subscription to the quarterly HEADLINES newsletter and the bi-weekly Enews newsletter, discounts on conferences and education materials.

There are several membership levels, so that even those on fixed incomes can demonstrate their support and belief in the Brain Injury Association of Minnesota.

Just over twenty years ago, families had little in the way of support for their loved ones whose lives were devastated by brain injury. Today, people are forging new paths in life after brain injury thanks to the help and advocacy of the Brain Injury Association of Minnesota.

Make a difference in lives of persons with brain injury. Provide help, hope and a voice to the 94,000 Minnesotans who live with the consequences of brain injury. *Become a member today.*

Support Groups

Brain injury support groups can help you find others with similar experiences, useful information about brain injury and solutions to problems. Sharing of similar experiences helps members feel less alone and more ready to deal with day to day issues.

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 Association.

For meeting times, location, and a contact person for a specific support group, or for information about how to start your own group, call the Brain Injury Association of Minnesota at 612-378-2742 or 1-800-669-6442.

Brain Injury Association of Minnesota 2005 Membership Form



94,000
Minnesotans live
with **brain injury.**

These are some of our faces.

We're the boy next door, your grandparents,
your neighbor's best friend, your spouse.

**Become a member today of the
Brain Injury Association of Minnesota
and make a difference in the lives
of people you already know!**

Name: _____

Address: _____

City: _____

State, Zip Code: _____

Telephone: _____

Email: _____

Membership Level:

- | | |
|---|---|
| <input type="checkbox"/> Individual: \$35 | <input type="checkbox"/> Non-profit organization: \$250 |
| <input type="checkbox"/> Limited income: \$5-15 | <input type="checkbox"/> Corporation: \$500 |
| <input type="checkbox"/> Professional: \$50 | <input type="checkbox"/> Individual Lifetime: \$1,000 |
| | <input type="checkbox"/> Other: \$ |

I am (please check one):

- A person with brain injury
- Family member/friend
- Professional

Sign me up for:

- Headlines Online, a free electronic newsletter published bi-weekly.

Payment Method

- Check payable to Brain Injury Association of Minnesota
- Credit Card: Visa Mastercard

Card Number: _____

Expiration Date: _____

Signature of Cardholder: _____

Complete form and send to:
Brain Injury Association of Minnesota
34 13th Ave NE, Suite BOO1
Minneapolis, MN 55413



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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

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- Level 1 Trauma Center
- 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



Volunteers from page 11

- Christine Travers
- Mary Tellers
- Terri Traudt
- Malai Turnbull
- Kevin Turnquist
- Robert Two Bears
- Gale Valtinson
- Cy Vang
- Robert Ver Straeten
- Mandi Ward
- Bob Wells
- Joani Werner
- Lorraine White
- Patty White
- Jerry Williams
- Tanika Williams
- Timberly Williams
- Deb Williamson
- Erin Williamson
- Pat Winick
- Ellen Yang
- Patrice Aime Yemmene

Our sincerest apologies to anyone whose name we accidentally omitted.

The many ways volunteers were involved are too numerous to list, but the following offers a good overview.

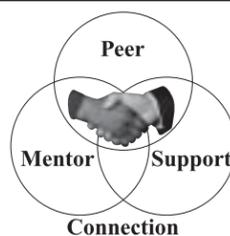
- In 2005, volunteers:
 - mailed information to people recently discharged from a Minnesota hospital with a brain injury
 - helped children with recreational activities at the family retreat so

- parents could have time to meet and discuss the challenges (and joys!) of raising a child with a brain injury
- showed people the right way to wear a bike helmet and gave away free helmets at the Mall of America
- talked to employees at businesses across the state to raise awareness of brain injury and money for Association services
- created and presented workshops at our annual conference
- wrote updates about legislation affecting people with brain injuries
- translated information about brain injury into Spanish, French and Russian
- created a search engine for the Association's website library
- helped reach out and connect the Brain Injury Association of Minnesota to organizations serving communities of color
- served coffee and bagels to walkers at the 4th Annual Walk for Thought
- worked on planning for the change in leadership and the Association's growth for the next five years
- contacted other service providers for updated information so Association staff can make the best possible referrals to persons with a brain injury

- researched the brain-injuring effects of methamphetamine use
 - updated Association mailing lists so professionals, people with brain injury, family members, hospital staff and you receive the most up-to-date information about brain injury (including this newsletter!)
 - the list goes on and on
- I'm looking forward to 2006 and all of the fantastic ways volunteers will make a difference.

On behalf of all of the staff at the Brain Injury Association of Minnesota, I want to give a BIG THANKS to the more than 100 people who gave of themselves this year. It is so great to have partners in our mission to create a better future through brain injury prevention, research, education and advocacy.

For more information about volunteering, call 612-378-2742 or visit our website www.braininjurymn.org/vo.cfm



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