



What Happens AFTER Discharge

**THE FIRST
90 DAYS**

**THE LONG
ROAD AHEAD**

CHANGE SERVICE REQUESTED

Minnesota Brain Injury Alliance
2277 Highway 36 West, Suite 200
Roseville, MN 55113-3830

INSIST ON THE BEST

WE'RE HERE
FOR YOU AFTER A
TRAUMATIC BRAIN
INJURY

Emergency care

Level I Trauma care
for all ages

Pediatric Brain Injury
Program

Inpatient rehabilitation

CARF-Accredited TBI
Outpatient Program

Traumatic Brain Injury Center

hennepinhealthcare.org/tbi
Questions: 612-873-3284
Appointments: 612-873-6663
Knapp Rehab/Shirley Ryan
AbilityLab: 612-873-3585



MINNESOTA BRAIN INJURY ALLIANCE BOARD OF DIRECTORS

Board of Directors

Mandy Dickie	Jodi Mueller-Hussein
Paul Godlewski	Kathy Neisheim-Larson
David King, CEO	Katy O'Brien
Donna Lindsay, Chair	Josh Rebolz
Bonnie Markham	Mike Scholl
Melinda Mast	Brian Siska
Jackie Micklewright	

Editorial Policy

Mind Matters is published triannually by the Minnesota Brain Injury Alliance. The editor reserves the right to edit submitted materials for style and space. The Minnesota Brain Injury Alliance 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 Minnesota Brain Injury Alliance 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 Minnesota Brain Injury Alliance.

Address editorial comments or letters to:

Public Awareness Manager
Minnesota Brain Injury Alliance
2277 Highway 36 W, Suite 200
Roseville, MN 55113
612-378-2742 • 800-669-6442

Advertising information contact:

Event and Sponsorship Coordinator
Minnesota Brain Injury Alliance
2277 Highway 36 W, Suite 200
Roseville, MN 55113
612-378-2742 • 800-669-6442

Mind Matters is a tri-annual publication published by the Minnesota Brain Injury Alliance. © 2025 Minnesota Brain Injury Alliance. All rights reserved. No part of this publication may be reproduced in whole or in part in any way without the written permission from the publisher and full credit to the publication is given.

Articles in *Mind Matters* are for information purposes only and should not be considered as professional advice.

POSTMASTER:

Send address changes to: Minnesota Brain Injury Alliance
2277 Highway 36 W, Suite 200
Roseville, MN 55113.

Volume 17, Number 3 • Winter 2025/26 Contents

Feature

- 6 **First 90 Days**
By Phil Gonzales
- 12 **Year Two to Five**
By Phil Gonzales



Departments

- 4 **Chief Executive Officer Message**
- 5 **Finding Happiness After Brain Injury** by Mike Strand
- 11 **Public Policy**
- 14 **Donors Count**



MINNESOTA
**Brain Injury
Alliance**

MISSION

The mission of the Minnesota Brain Injury Alliance is to raise awareness and enhance the quality of life for all people affected by brain injury.



ATTENTION!!! TAKE A QUICK MOMENT

Do you need to **UNSUBSCRIBE** from this publication? Receiving too many copies? The information doesn't apply to you any longer?

There are **TWO quick ways** to unsubscribe.

1. Go to braininjurymn.org/unsubscribe or use the QR code
2. Call us at 612-378-2742 or 800-669-6442

Have your magazine ready and use the label information on the front cover.

Thank you for your continued support of the Minnesota Brain Injury Alliance.





Dear *Mind Matters* readers,

It's both humbling and exhilarating to write to you as the incoming CEO of the Minnesota Brain Injury Alliance. Having been part of this organization since 1999, back when we were five staff members sharing a single office copier, I've had the privilege of watching it grow into a leader in advocacy, education, and support for people affected by brain injury.

Over those years, I've served under three remarkable leaders: Tom Gode, Ardis Sandstrom, and David King. From each, I learned something essential.

Tom taught me the tenacity needed to transform a small non-profit into a national model for post-brain injury care. The world is loud and crowded with many voices struggling to be heard. Tom insisted that people listen and that we teach that tenacity to the people we serve.

Ardis demonstrated that compassion, not a passive compassion, but a deeply focused and active compassion, is at the heart of everything we do. Each brain injury is unique and each person – survivor, loved one, professional – is worthy of patience and understanding.

David's vision carried the Alliance through into the 2010s. David taught me that no goal is too lofty. No dream is too big. Or ridiculous. David led our organization through many difficult and challenging times by keeping our eyes on a higher goal and reminding us all, daily, that what we are doing today is worth doing tomorrow and every day after.

Together, these three helped shape an organization that never loses sight of the people at its heart: survivors, caregivers, families, and professionals working toward a world that understands and supports brain injury.

I'm very happy that my first issue of *Mind Matters* as incoming CEO explores what recovery really looks like, how the "first three months" after injury can set the stage, but how the "next three years" and beyond often define the journey. It's a reminder that progress rarely follows a straight line and that healing, connection, and purpose continue to evolve long after the early milestones. That perspective mirrors our work as an organization. We keep growing, learning, and adapting to meet people where they are, no matter how long the road may be.

Thank you for allowing me to take this next step with you and to have the opportunity to learn from you. Thank you for welcoming me into this new chapter and for being part of the story that keeps our mission alive.

Bradley Donaldson
(Incoming) Chief Executive Officer
Minnesota Brain Injury Alliance

Being Cared for with DIGNITY

By Mike Strand

Being cared for with dignity is so critical to progressing towards greater wellness. Of course, we all want to be treated with dignity and respect. What may not be obvious, is that in order to be treated with dignity and respect, we need to treat our caregivers with dignity and respect.

It may be someone's job to assist you, but don't make it degrading. Just like being polite, and asking nicely in a restaurant or a store, every interaction can be positive, even if you are unhappy about something.

I first observed this when my grandfather was in a nursing home. There were cranky and demanding residents who made every interaction unpleasant for themselves, their caregivers, and all the other people residing, or visiting, there. Working in the caregiving profession is challenging. There is no need to make it harder than it needs to be. My grandfather always acted as if the staff were doing him a favor when ever he needed assistance. The words "Please" and "thank you" were copiously sprinkled in everything he asked. He was always humble, and the staff were always ready to help him. What's more, it made for a pleasant environment. Everyone loved him and loved being with him.

At the time of my brain injury I was not used to receiving help, and I certainly wasn't used to needing it. I learned over time that I wasn't the best judge of whether or not I needed help! One can feel too proud to accept help, but that's not pride, it's foolishness. It is also shame. Some people feel ashamed to ask for help, it makes them uncomfortable, so they make it uncomfortable for everyone. They make a show of resisting help they need.

Imagine if two different people asked you for help in two different ways: "Can you help me, please?" "Thank you." Or "I need help. You have to do this for me! Now!" These two examples speak for themselves.

Item one – Ask for help, don't demand it.

Item two – Accept help, and be graceful when it is offered.

These are the two things that you can do if you want to be cared for with dignity. You have no right, duty, or control, over others. You only have control over yourself, and how you act. Brain injury frequently robs you of dignity and respect, it is within your grasp to get it back.

The words "please" and "thank you", humble you. And make for a pleasant environment.

Brain injury creates a dark and scary world both inside and outside of yourself. I learned that to see the light from the outside, I had to shine it from the inside. Far from mystical ballyhoo, I found that this attitude made me less a victim, and more independent. I liked this because it was completely within my power, and not dependent in the least on the outside world.

The First 90 Days — *By Phil Gonzales, Writer and Content Developer*

What Happens After Discharge (And Why It Matters More Than Anyone Told You)



You leave the hospital after a brain injury with a stack of discharge papers, a bag of pain meds, and a brain that is doing somersaults behind your eyes. If you are lucky, someone scheduled you a follow-up. You return home with no idea what the next week is supposed to look like, much less the next three months, and the vague reassurance that you will “probably feel better in a couple of weeks.”

Meanwhile, your brain is still in crisis mode. Your energy reserves crash after making a sandwich. A quick trip to the grocery store feels like you have

run a marathon under duress. Your family, your friends, your coworkers keep saying “You look great!” while inside your head alarms are blaring “Something is wrong!”

As the Alliance’s Education and Community Outreach Manager Alec Wendelboe explains,

“The brain isn’t just healing in those months, it’s rewiring itself. Whether that wiring is helpful or harmful depends entirely on what happens, or doesn’t happen, right after injury.”

This is the most critical time in brain-injury recovery.

And this is where many people fall through the cracks.

The Quiet Gap After Discharge

Studies from the National Institutes of Health paint a sobering picture. In the TRACK-TBI initiative, a multi-year study of more than 2,700 brain-injury patients, fewer than half reported any medical follow-up within three months of discharge. Of those, only about 15 percent were seen at a clinic specializing in brain injury. Nearly half went home without even written educational material.

As one survivor told the Brain Injury Association of America,

“There is a lot of support in the hospital, but once you walk out the door, you’re on your own.”

Community and Social Media Relations Coordinator Katrina Meyer has seen the fallout from that gap firsthand.

“When people go home, they already have an overwhelming amount of paperwork and follow-up tasks,” she says. “Even if the hospital sends good information, it often ends up in a pile on the table or in the trash. A referral before discharge means one less thing for patients to manage.”

She adds that uncertainty plays a role.

“Families hope for the best, so they might decline help at first. But six months later, when headaches return or concentration drops, they’re grateful someone can check in.”

Another survivor, quoted in an AHA Journals qualitative study, echoed the confusion:

“I had no expectation it would be as difficult, that any of this stuff would be as difficult, as it has been.”

Her point underscores what research confirms: proactive outreach, not reactive care, keeps people from falling through the cracks.

The Brain’s Rewiring Window

The rewiring process Wendelboe mentioned is called neuroplasticity. Research in *Frontiers in Neurology* confirms that the first three to six months after a traumatic brain injury are the most sensitive and opportunity-rich phase of recovery. During this period, the brain is highly receptive to change, for better and for worse.

Rehabilitation and structured activity can reinforce helpful pathways. According to the American Congress of Rehabilitation Medicine, practicing balance exercises daily improves gait and coordination, while consistently using memory aids such as notebooks or alarms strengthens recall strategies.

However, neuroplasticity is neutral. Repetition of unhelpful patterns can just as easily reinforce dysfunction. *The Journal of Neurologic Physical Therapy* notes that prolonged inactivity can worsen dizziness, deconditioning, and fatigue, while excessive avoidance of sensory input such as staying in dark or silent environments longer than necessary can heighten hypersensitivity and delay adaptation. Similarly, NIH sleep research has shown that compensating with alcohol or heavy screen use can disrupt sleep and impair memory consolidation.

Fatigue: The Invisible Wall

If neuroplasticity is the opportunity, fatigue is the obstacle. Wendelboe points out that reduced cognitive and physical energy are the biggest barriers he sees in this early phase.

“If someone only has enough cognitive energy units for two tasks in a day, and both of those are spent making breakfast and filling out insurance paperwork, there’s nothing left for actual recovery.”

Fatigue after brain injury isn’t “being tired.” It’s a system shutdown. Survivors describe it as feeling like a phone battery dropping to four percent by noon, except there’s no charger in sight.

From the Flint Rehab series:

“Daily activities take more energy to accomplish after brain injury, so I tire much faster. When I want to rest, I am not being lazy, I am healing.”

From Headway UK’s A Life Re-Written survey:

“I don’t have the stamina that I once had and the fatigue really kicks in regularly, hence I don’t do or go to half the things I used to.”

What People Need (But Rarely Get)

Ideally, every patient leaving the hospital would have:

- A plain-language explanation of fatigue, pacing, and sensory overload
- A direct referral to rehabilitation services and a peer support network
- A scheduled follow-up within weeks, not months
- Permission to rest strategically, not pressure to “push through”

Instead, many hear only, “Rest and call us if it gets worse.”

Katrina Meyer notes that many hospital staff are juggling heavy discharge requirements.

“It’s not that they don’t care, they just have a long checklist to get through before they reach what they see as ‘extra’ supports.”

Another survivor told the AHA Journals researchers:

“I think it would have helped me an awful lot if I could have had more of an explanation about what was actually wrong with me.”

Closing the Gap: Resource Facilitation in Action

This is where the Minnesota Brain Injury Alliance steps in.

The Alliance’s Resource Facilitation program exists specifically to bridge that post-discharge gap,



connecting survivors and their families with a dedicated facilitator who helps guide them through recovery for up to two years.

Through regular check-ins, Resource Facilitators provide education, referrals, and practical support on everything from navigating benefits and medical appointments to re-entering work or school. They also help caregivers manage stress and connect to community supports.

Katrina Meyer, who partners with hospital discharge teams, explains,

“As liaison between our organization and hospitals, I work with staff to make sure Resource Facilitation is offered before the patient goes home. That way, the first call they receive comes while they’re still in that vulnerable stage, not after things have already slipped.”

By encouraging hospitals to make referrals before discharge, the Alliance helps shift care from reactive to preventive, ensuring that survivors aren’t left to navigate recovery alone once the hospital door closes behind them.

Strangely, one of the seemingly contradictory reasons some providers are hesitant to connect patients with Resource Facilitation is the belief that doing so paints a pessimistic picture of the future and encourages people to expect the worst. In fact, for mild TBI and concussion cases, Meyer says, some providers hesitate to connect people to brain-injury resources out of fear of “worrying” them.

“They think they’re protecting patients from anxiety, but what they’re really doing is cutting them off from early education that could make everything easier.”

The idea being that patients will contact their family doctors if things start getting bad. However, Resource Facilitation is there to answer questions and address concerns before things get bad. Before the doctor is called. It’s there to fill in the gap.

Why It Matters

If the first 90 days are handled well, survivors and families learn what to expect, what to avoid, and

how to harness the brain’s plasticity for recovery. If they’re handled poorly, survivors often spend years untangling avoidable complications.

Or as the Wellness Society puts it:

“You are allowed to struggle. You are allowed to talk. You are not alone.”

This phase isn’t just important, it’s decisive.

And right now, too many people are walking into it without a map. **MM**



Sources

- American Congress of Rehabilitation Medicine. Cognitive Rehabilitation Guidelines.
- Brain Injury Association of America. “Post-Hospital Support and Advocacy.”
- Brain Injury. 2015. “Sensory Regulation and Environmental Adaptation after TBI.”
- Frontiers in Neurology. April 2025. “Mechanisms and Timing of Neuroplasticity in Traumatic Brain Injury Recovery.”
- Headway UK. A Life Re-Written: Brain Injury and Everyday Fatigue.
- Journal of Neurologic Physical Therapy. 2017. “Exercise and Deconditioning in Traumatic Brain Injury.”
- NeuroRehabilitation. 2016. “Use of Memory Aids and Structured Cognitive Strategies after Brain Injury.”
- National Institutes of Health / TRACK-TBI Study. “Gaps in Follow-Up Care after Concussion and Traumatic Brain Injury.”
- National Institutes of Health Sleep Research Program. “Sleep, Screens, and Cognitive Recovery.”
- The Wellness Society. Healing Trauma: Self-Compassion and Resilience Statements.
- Flint Rehab. “Fatigue and Energy Management after Brain Injury.”
- AHA Journals. “Qualitative Study of Long-Term Cardiac Arrest and Brain Injury Survivors.”
- Minnesota Brain Injury Alliance. Resource Facilitation Program Overview. braininjurymn.org/resource-facilitation

NEUROPLASTICITY

The brain is not locked into its current state. It is more like clay that stays shapeable for far longer than most people realize. Neuroplasticity is simply the brain responding to patterns, paying attention to what gets repeated, and rewiring itself based on those patterns. If someone practices a movement or a task again and again, the brain slowly builds stronger pathways to make that task easier. If someone avoids a movement or a task because it feels too tiring or overwhelming, the brain may start to assume that pathway is not needed anymore and let it fade.

The brain does not know the difference between helpful routines and unhelpful ones. It follows whatever shows up most often. That is why small efforts can matter more than big bursts of energy. Five minutes of focused practice every day can create more change than one overwhelming session that wipes someone out.

Our role is not to push the brain harder. Our role is to guide it gently and consistently so, like clay, it learns the right shapes to keep.



**MNBIA RESOURCE FACILITATION
IS FREE !**

Phones are answered M-F 8-4:30
612-378-2742 • 800-669-6442

Examples of Positive vs. Negative Neuroplastic Reinforcement

Behavior/Habit	Likely Brain Response	Functional Outcome	Source
Short daily balance or walking exercises	"This pathway is useful, strengthen it."	Improved mobility and coordination	ACRM Rehab Guidelines
Consistent use of memory tools (notes, alarms)	"Organizing information this way helps."	Better recall and independence	NeuroRehabilitation, 2016
Gradual exposure to light/noise with rest breaks	"These inputs are manageable."	Reduced sensory sensitivity	Brain Injury, 2015
Staying isolated in dark/quiet environments	"Stimulation is overwhelming, avoid it."	Heightened sensory intolerance	Frontiers in Neurology, 2018
Excessive rest or inactivity	"Movement isn't needed."	Muscle loss, fatigue, dizziness	J Neurologic Physical Therapy, 2017
Using alcohol or screens to cope	"This is the preferred regulation method."	Poor sleep and emotional instability	NIH Sleep Study

“What Now” for Medicaid

In our Fall 2024 update we posed an important question to our readers right after the 2024 Presidential Election outcome had been determined: “What will a [Congressional] Republican Trifecta mean for the TBI Act, Medicare, Medicaid, and healthcare in general?” While it was impossible to know of any concrete impacts back then, we are now beginning to see the results. Funding cuts to research, attacks on disability rights, and a recently passed bill (HR1) that cuts Medicaid services nationally have now come to pass.

Locally, we have seen a tied Minnesota State Legislature under a Democrat Governor navigate our state political environment through establishment of co-chairs for committees, special session agreements and discussions, as well as battles over a slew of legal court issues. Adding in physical renovations and closures at the Minnesota State Capitol, increased acts of political and gun violence, and a looming state budget deficit has made the 2025 Legislative Year quite unexpected indeed.

Although state and national policy-making do not always have immediate impacts, there is one area of critical policy that has been affected in a major way by legislation this past year. Funding for Medicaid Home and Community Based Disability Waivers (commonly known as “HCBS” – including BI, CAC, CADI, and DD Waivers), and the services they provide to Minnesotans living with brain injury, has never been under a clearer or more dire threat.

For more background and specifics regarding the details and impacts of the 2025 Budget Reconciliation Bill (HR1) you can find our previous update online or visit the MN DHS website.

<https://braininjurymn.org/public-awareness/mind-matters.php>

<https://mn.gov/dhs/federalchanges/>

Changes to Medicaid

The changes to Medicaid that were passed when HR1 was signed into law this past July, 2025, are scheduled to be spread out over the next 2-3 years. Most of the largest changes have a delayed implementation date of January 1, 2027. This does allow some time for education, awareness, and advocacy for us to work to reduce any negative impacts that seem likely to follow implementation. In these past two months alone, our Public Policy Department has traveled to numerous events and spoken with hundreds of people all across the state about how these Medicaid changes may impact individuals directly.



Pictured are attendees from one of our most recent Town Hall Forum Events on Medicaid and Disability, hosted here with legislators in attendance, at Mercy Hospital in Coon Rapids in partnership with their Courage Kenny Brain Injury Support Group on October 14, 2025.

Self-advocates have continued to show up alongside other brain injury survivors, their families, and others impacted to speak with Minnesota State Legislators at a variety of Town Hall Forums this year. We are especially grateful for our organizational partnerships such as with The Arc Minnesota, and This Is Medicaid (a coalition of over 50 nonpartisan organizations in Minnesota partnering to protect and improve Medicaid) for the work that has taken place this year. While this has been a great start to our work, we know that even greater advocacy and responses will be needed for 2026.

Protecting Medicaid

Since its inception over sixty years ago, Medicaid has often been selected for funding or programming changes. Now, however, we are at a key moment for both our state and our nation to reexamine how we want to fund and provide accessible and quality healthcare coverage and services to individuals at the most risk for decades to come. If we hope to survive this storm together we need to be taking action and showing up consistently for our communities with accountability, care, and support.

Individuals have taken action in the past by joining our Public Policy Department for our annual Citizen Advocates Academy (CAA) almost every summer for the past decade. While this is an amazing entry-level point for anyone to start their advocacy journey, we also know that advocates have been showing up by sharing their stories with neighbors, attending forums

Continued on page 14

The Long Road:

By Phil Gonzales, Writer and Content Developer

What Recovery Really Looks Like Two to Five Years After Brain Injury

If the first 90 days after a brain injury are a disorienting sprint, the years that follow are frequently an unexpected marathon.

At two, three, even five years out, survivors often ask the same question: “Why am I still struggling?” By this point, the flowers, rides to the doctor, and social calls from friends have stopped. Medical teams have moved on. And the fatigue, fog, or sensory overload that everyone said would “probably fade in a few weeks” can still bring a day to a premature end.

This is the stage where recovery quietly turns into adaptation, and where too many people think they’ve failed when, in reality, they’re still healing.

The Myth of the Missed Window

There’s a common misconception that meaningful recovery ends after a year. It doesn’t.

Research from the Journal of Neurotrauma and the NIH’s Chronic TBI Initiative shows that the brain remains capable of functional improvement years after injury, especially when survivors are supported by therapy, structured activities, and social connections. Neuroplasticity slows, but it doesn’t stop.

As Education and Community Outreach Manager Alec Wendelboe explains,

“We tell people that the brain is always learning. That includes after injury. The challenge isn’t whether progress can happen, it’s whether the person still has access to what helps it happen.”

The Frontiers in Human Neuroscience review echoes his point: repetition, task-specific practice, and meaningful engagement continue to drive neural change long after the acute phase. The body may adjust to new limits, but the brain never loses its ability to refine what it has learned.

Many survivors are told they’ve “hit a plateau” when

progress slows, but according to the National Library of Medicine, the idea of a recovery plateau originated from older research that only tracked outcomes for six months to two years, leading clinicians to mistake the limits of those studies for the limits of recovery itself. As Brain & Life magazine has reported, many doctors still repeat the plateau narrative because the American insurance system defines “maximum medical improvement” as the point when therapy is no longer reimbursable, not when the brain stops changing. The NCBI Bookshelf further notes that coverage policies often dictate the duration of rehabilitation, even though evidence shows that neuroplasticity, and the capacity to improve, can persist for years. In practice, the plateau often reflects what insurance will pay for, not what the brain is capable of.



The Invisible Work of Year Two

By the second year, the urgency of early recovery has faded. Medical teams have scaled back. Insurance coverage has expired. Yet survivors are still rebuilding, often without guidance.

Common struggles include:

- Cognitive fatigue and slower processing, even when outward symptoms appear gone
- Executive-function overload, where daily planning feels like high school calculus
- Sensory and emotional volatility, where too much noise or too little structure leads to meltdowns
- Social isolation, as friends and coworkers drift away, worsening depression, slowing recovery, and increasing the risk of cardiovascular problems

These realities don't mean recovery failed. They mean the environment stopped supporting it.

Wendelboe addresses this "maintenance phase nobody prepared for."

"You can make huge strides in those first months, but if the person can't sustain therapy or community engagement, the brain starts optimizing for survival instead of growth."

From Headway UK's A Life Re-Written survey, one survivor reflected:

"I lost friends because they thought I was ignoring them. I just didn't have the energy to be the person I used to be."

Another Headway UK survivor wrote::

"I'm still figuring out who I am now. I didn't expect recovery to mean becoming a different person."

Re-entry, Not Regression

Community and Social Media Relations Coordinator Katrina Meyer sees a familiar pattern through her outreach work.

"People might not be ready for help right after the hospital. They're hopeful and want to believe things will just get better. That's why it helps to give multiple opportunities to say yes later. Every check-in call, even years later, is another doorway back into recovery."

She and the Resource Facilitation team often hear from survivors 12 to 18 months after their injury,

usually when symptoms flare or life transitions expose lingering deficits.

This "re-entry" model is supported by findings from the Brain Injury Professional Journal, which reported that individuals re-engaging with case management or peer support more than a year after discharge showed measurable improvements in self-efficacy, participation, and mood within six months.

A quote from the Brain Injury Association of America captures the same need for continuity:

"There is a lot of support in the hospital, but once you walk out the door, you're on your own. We need to make sure survivors and their families continue to be supported, because they're going to have a lot of questions going forward."

Sustaining Support: Resource Facilitation and Community Connection

While the Minnesota Brain Injury Alliance's Resource Facilitation program is designed to support the first two years after injury, it often becomes a bridge to long-term stability. Survivors who stay connected to their Resource Facilitators and peer-support groups report better adjustment, greater independence, and stronger confidence navigating daily life.

Katrina Meyer explains why these long-term relationships matter:

"People sometimes reappear after years away. Maybe they're changing jobs, or their child is now their caregiver, or they're facing new symptoms. We can still step in to help."

The system doesn't always know what to do with people at this stage of their recovery. The Alliance's team connects survivors to community-based services, vocational rehabilitation, and mental-health supports while offering family education to strengthen communication at home. These later interventions help keep recovery active, even when formal therapy has ended.

Why Long-Term Care Matters

According to a 2024 *Frontiers in Rehabilitation Science* meta-analysis, sustained rehabilitation, even low-intensity, community-based interventions, produces measurable improvements in attention, balance, and mood regulation years after injury.

But few systems are built for that kind of endurance. Funding runs out. Clinics close. Insurance sunsets. Survivors are left piecing together care through online groups or occasional check-ins.

As Meyer puts it,

“That’s where the Alliance fills a unique role. We don’t close the file after a few months. We’re still here years later, because people’s needs don’t end when the paperwork does.” **MM**



Sources

AHA Journals. “Qualitative Study of Long-Term Cardiac Arrest and Brain Injury Survivors.”

Brain Injury Association of America. “Continuing Support Beyond Hospital Discharge.”

Brain Injury Professional Journal. “Re-Engagement and Self-Efficacy in Chronic Brain Injury Recovery.”

Frontiers in Human Neuroscience. 2023. “Extended Neuroplasticity and Task-Specific Adaptation after TBI.”

Frontiers in Rehabilitation Science. 2024. “Sustained Rehabilitation and Community Participation after TBI.”

Journal of Neurotrauma. “Chronic TBI Initiative: Long-Term Functional Outcomes.”

Headway UK. *A Life Re-Written: Brain Injury and Everyday Fatigue.*

Flint Rehab. “Fatigue and Energy Management after Brain Injury.”

Minnesota Brain Injury Alliance. Resource Facilitation Program Overview. braininjurymn.org/resource-facilitation



UPCOMING EVENTS 2026



BRAIN INJURY SUPPORT CONFERENCE

March, 2026

Twin Cities



BRAIN INJURY ANNUAL CONFERENCE

April 23, 2026

Heritage Center, Brooklyn Center



STRIDES FOR STROKES

May 16, 2026

Duluth, Saint Cloud, and Twin Cities

Visit these websites for more information on the above events.



braininjurymn.org/events



strokemn.org/events