TBI in Corrections: Lisa’s Story

By Phil Gonzales

The combination of a disability due to a brain injury, with a limited knowledge of options and resources, can sometimes result in an individual entering a spiral resulting in their incarceration. This is what happened with Lisa Albrecht.

Lisa entered the Minnesota Corrections Facility in Shakopee in May of 2007, after nearly seventeen years of domestic abuse and over 100 instances of head trauma with six confirmed brain injuries. From the beginning of her marriage in 1991 to her incarceration, Albrecht endured having her head put through windows, being punched, slammed into cupboards and pushed down stairs. Throughout that time, she lost consciousness on several occasions and made many trips to the emergency room. The resulting impact to her memory was enormous.

“I can read a book and not remember what I’ve read when I’m done,” Albrecht says. “So, I don’t read anymore. It’s sad, because I used to remember. You could tell me a phone number and I’d remember it for years and now I can’t.”

Albrecht also experienced drug abuse at the urging of her husband. “My husband used to make me do drugs because he didn’t want me calling the cops,” she says. “But, what could I do? If I fought him, it got worse. I just recently became very addicted. I’m hoping it’ll get better.”

The damage to her short term memory, combined with the dangerous interactions she faced every day at home, made Albrecht very dependent on routine. While this dependence may help in a corrections setting, where life is very regulated and scheduled, it has at times worked against her. In the corrections system, a forgotten step in a routine can be perceived as insubordination on the part of a prisoner.

“I’ve had only one LOP (Loss of Privilege) and that means you forgot to sign in or out. And that was because I forgot my routine,” she says, recalling a time when the prison’s schedule was altered. “When my structure gets in mayhem then I’m so messed up. I end up . . . here.”

According to the Minnesota Department of Corrections, Minnesota’s correctional facilities currently house 9,100 inmates.17 percent of the corrections & TBI continues on page 12

Assisting the Navigation of Life In and Out of Corrections

By Phil Gonzales

The Brain Injury Association of Minnesota has a long history of supporting all people living with a disability due to brain injury including persons newly released from prison. In April 2006 a three year state grant from the Health Resources and Service Administration (HRSA) funds needed investigation of the effects of brain injury in the corrections population. The Department of Human Services and Department of Corrections, along with a traumatic brain injury (TBI) Interagency Leadership Council composed today of eight lead organizations, developed a system for reaching out into Minnesota’s corrections population. This outreach has directly impacted the Association’s Resource Facilitation team, as they work to take new approaches with a consumer base that faces unique needs and challenges.

Most of the Association’s Resource Facilitation referrals come from area hospitals and a partnership with the Minnesota Department of Health. “Sometimes an inmate’s friend will connect with the Association because his buddy has been acting ‘strange’ since an accident,” says Kristina, Resource Facilitator. “Or an inmate will call the Association because something is happening that they don’t understand.” Initiating the call in the first place can be a difficult process as the inmate must complete a kite, or communication form to arrange a call with a Resource Facilitator. Only after they have signed and returned the kite form can regular calls be scheduled. From there, the Resource Facilitator works within the boundaries of the corrections system.

“It’s a different world in prison,” Kristina says. To resource facilitators, supports and services look very different within the corrections system than they do in the outside world.

Navigating Life continues on page 8
JOIN us today to CHANGE tomorrow!

Every 23 seconds, one person in the United States sustains a traumatic brain injury. The Brain Injury Association of Minnesota is the only statewide nonprofit dedicated to helping people navigate life after brain injury.

Please join us to raise awareness and provide help, hope and a voice to the thousands of Minnesotans affected by brain injury.

Any commitment you can make – from volunteering to becoming a Citizen Advocate to sharing your story through the media – can help enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury.

Simply fill out the section to the below and mail it to:

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Please send me information about:
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☐ Educational opportunities
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☐ Multicultural Support service
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☐ Donating, Planned Giving or Contributing
☐ Internships

Correction Notice:
The Fall 2007 issue of Headlines incorrectly spelled Dr. Gaylan Rockswoold’s name.
The Donor Spotlight article about Amy McVary was not written by Phil Gonzales. This article was written by Sandra Smith.
Walk for Thought Team Dragonfly Clan total funds raised was over $4,500.
Kevin Spalding raised over $500 for the Walk for Thought.
We apologize for these errors.

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Brain Injury Association of Minnesota Mission

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

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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 Brain Injury Association of Minnesota 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.

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They say the body replaces itself entirely every seven years. In a material sense I am not the person I was seven years ago. Now that I am in my fortieth I know that I am a different person from who I was when I was in my thirties, and I am a very different person from who I was in my twenties when I had my accident. Yet I know I am still me. What is this mysterious “I” that lies beneath? It does not matter what I call it. Whether I say it is this mysterious “I” that lies beneath? It does not matter what I call it. Whether I say it is this mysterious “I” that lies beneath? It does not matter what I call it. Whether I say...

The Russian author Dostoevsky was in front of a firing squad, he thought he was about to die, but then they just fired over his head. Living through that experience changed his outlook on life profoundly. He would talk about the moments previous to dying, how intensely he felt and saw everything as if he was very thirsty and drinking the last glass of water he would ever have. Sometimes I feel that way. Sometimes I look at the world as if I had died, wishing I could see it all again, and suddenly (miraculously), I was given a brief glimpse. If I can shift into that perspective, the world in very intense colors and sounds. A simple smile impresses me very deeply. I see a smile and I can feel the person who wears it, it becomes indelibly etched into my awareness, I don’t just see the smile, I feel it. It becomes a part of who I am.

One of the gifts of my brain injury is this ability, at times, to transcend ordinary ways of looking at things. I could lament what I have lost (which, I’ll admit, I do from time to time) and what I have gained. I wouldn’t choose to make the trade, but the fact is, I have a brain injury and the trade has been made, I have the loss, so what can I gain from this? If I don’t choose to find some gains, some edge on living, then my brain injury is pointless. I will not accommodate such an outlook; I choose to live.
HEADLINES
NEWS BRIEFS

Out & About
Getting the Brain Injury Association of Minnesota's message out to the public is an important part of our mission. Here's where you may have heard or seen us in the past months.

In the Media
In November, 2007, Association volunteer Justin Greenwood was featured in a segment on Rosen Sports Sunday with a promo on the Sunday 10 p.m. newscast. The segment featured footage of Justin working in the volunteer area and an interview with Volunteer Coordinator, Lee George. Throughout the latter half of November, 15-second spots ran on KFAN Sports Radio related to the Association, brain injury and sports concussion. They also pointed listeners to our Web site.

At Events
Staff and volunteers exhibited at many events in Minnesota over the past few months. Our Education Services had four educational presentations in November for the Department of Corrections as well as a class at Augsburg College and an greater-Minnesota regional Brain Injury Basics class in Rochester. In November, Multicultural Outreach Services tripled their referrals. They presented at the Edina Rotary Club in November. Multicultural Outreach Services also attended a training at Asunción Church in Richfield where they discussed "Brain Injury: Causes, Effects and Rehabilitation." In December, Multicultural Outreach Services held trainings at the Red Lake reservation.

NEWS BRIEFS

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

Press Giving Guide with an ad to coincide with the Annual Campaign. In the first week of December, 2007, the Association had a 20-second commercial which aired seven times on WCCO TV called "Leading the Way in Minneapolis--St. Paul." WCCO aired a shortened version of the Justin Greenwood segment on a 10 p.m. newscast. Also in December, a half page ad appeared in the City Pages Winter Issue – Holiday Gift Guide. At Events

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HRSA State TBI Grant Work Progresses
In late October the Traumatic Brain Injury Expert Advisory Panel met to review their progress to date and offer advice on future efforts. Discussion focused on upcoming training, RBANS (Repeatable Battery for the Assessment of Neuropsychological Status) testing, and educating offenders about TBI. Beth Hopkins from the Minnesota Department of Corrections (DOC) began RBANS testing on 100 offenders, randomly selected from the original 1,000 who were screened last fall. She will administer and score the battery and Dr. Adam Piccolino, a Neuropsychologist with the DOC, will interpret them and, if necessary, administer additional tests. Testing has been completed for 25 offenders currently housed at correctional facilities in Rush City, Willow River, and Moose Lake.

In November, Hopkins spoke about the TBI in MN Correctional Facilities grant at the Statewide TBI Network Meeting at Metro ECSU. She discussed assessment efforts and preliminary data. Janis Carey Wack, the Association’s education manager, spoke in more detail about TBI education within the grant. A round table was held afterwards to focus on how the community can support the grants’ efforts.

Janis conducted a TBI training tailored to working with the juvenile offender at the juvenile correctional facility in Red Wing where Beth discussed the grant. Also, in November, Janis conducted TBI training at the female correctional facility in Shakopee. Included in this training was information about TBI and domestic violence since this was how the majority of the screened female offenders reported receiving a TBI.

At the end of November, a Release Planning Meeting for Offenders with TBI was held to discuss strategies for early identification and release planning, community re-entry and diversionary options. As a result of this meeting, an expert panel addressing screen assessments will be created as well as a community interface group. TBI will be added to the behavioral health portion of the DOC’s two-day conference in January. Janis Carey Wack and Beth Hopkins presented to the Transition Coalition. This group consists of DOC and community staff who are committed to helping offenders connect with the proper support systems when they are released.

For information about brain injury trainings available for correctional staff, please contact Janis Carey Wack at 800-669-6442. For more information on the grant activities, please contact Ardis Sandstrom at 800-669-6442.

It Pays to Advertise!
Did you know you can reach more than 15,000 Minnesotans each quarter and show your commitment to the brain injury community just by advertising in Headlines?

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To secure your advertising package today, call the Development Officer at 612-238-3235 or 800-669-6442.
Support for People from Communities of Color After Incarceration

By Raye Black

When working within communities of color, the Brain Injury Association of Minnesota’s Multicultural Outreach service frequently finds itself addressing the issues of Minnesota’s homeless population. This community brings with it many unique situations and challenges, among them being consumers who have recently received parole from one of Minnesota’s ten state correctional facilities. While a prison record presents obstacles for anyone attempting to reintegrate into a community, an individual living with a disability due to brain injury faces additional challenges, particularly in African American and Native American communities where a disproportionately large percent of the population are ex-inmates. The combination of brain injury and a prison record creates a cycle of homelessness that is difficult to break.

Over fifty percent of the consumers served through the Multicultural Outreach service have committed two or more felonies by the age of thirty. Although many factors may contribute to an individual’s choices and behavior, studies funded by the CDC and the Health Resources and Services Administration (HRSA) have demonstrated a link between brain injury, which occurs at a disproportionately large rate in communities of color, and the event of a person committing a felony. As individuals leave correctional facilities, their brain injuries may exacerbate residual effects of the brain injury that make impulse control, anger management and other life skills a challenge. Doors that are open for the general population, such as housing and employment opportunities, are often closed to those who have felonies and misunderstood behaviors only worsen that situation. When an individual finds doors to advancement closing faster than they can keep up, they frequently return to behaviors that fall outside the law, resulting in additional incarceration. This is part of the cycle of homelessness and the crimes committed. With lack of employment and housing the path of success within communities of color is significantly narrowed causing a rise in criminal activity, violence, brain injury and incarceration.

However, there are community agencies that support those with a felony history. Building partnerships with these agencies through Multicultural Outreach services to help support consumers that have this history is a key to gaining success in the corrections population. Individuals looking for shelter or a job may not be aware of support services in the area. What Multicultural Outreach services can guide those individuals toward necessary help so those agencies can help to anchor and support the homeless person with a criminal history.

Gaining successful employment and obtaining permanent and stable housing can alter the cycle of homelessness in Minnesota. By working in conjunction with the Minnesota Department of Corrections, with assistance from the Association’s portion of the HRSA state TBI in MN Correctional Facilities grant, we hope to help break that cycle.
The On-Line Curriculum is in the editing stage and will be a wonderful training tool for the Department of Corrections staff in the future. FREE training will continue to be available for parole officers, police officers county jails, correctional organizations and staff into 2008. For more information or to schedule a training please contact Janis at 612-378-2742 or 800-669-6442.

SAVE the DATE now for April 17 and 18, 2008 for the 23rd Annual Conference for Professionals in Brain Injury, “Asking the Right Questions: Sharing New Answers.”

Trisha Meili, author of the book I Am the Central Park Jogger, will be a special guest speaker this year and Dr. Tim Feney and Dr. George Prigatano will be our keynote speakers. Meili will speak on Thursday evening and it will be open to the general public.

The planning committee met in mid December and selected the conference presentations. The next steps will focus on designing the registration and sponsorship brochures.

Please periodically check out the Association Web site, www.braininjurymn.org, for updates on the Annual Conference.

Wednesday Workshops for the first half of 2008 have been scheduled and represent a fascinating array of topics for professional development related to brain injury. Topics include: chemical dependency, mild brain injury, nutrition, communication disorders, TBI and dementia and behavior strategies. Please look for the Education Services: Learning Opportunities booklet in the mail soon. Information is also available on the Association Web site.

Education Services works cooperatively with area providers to offer training opportunities throughout the state. If you would like to work with the Association to plan an educational offering in greater Minnesota please call Janis at 612-378-2742 or 800-669-6442 and mention your interest in setting up a Tuesday Training.

Brain Injury Basics

Admission for Brain Injury Basics classes is free for persons with brain injury and their family members. The fee for professionals is $20.

Brain Injury Basics I: An Introduction — An introductory class that defines what a brain injury is and what side effects are related to brain injury. The class reviews how to relate to persons with brain injury and compensation strategies. This class will be offered on January 15 and May 20 at the Association’s office in Minneapolis from 6-8:30 p.m. This class is also offered on March 18, 5:30 – 7:30 p.m. at the Bethesda Rehabilitation Hospital, 550 Capitol Blvd, St. Paul in the 7th floor conference room.

Brain Injury Basics II: Adjustment to Brain Injury: It’s a Journey — This class reviews accommodations and strategies for productive emotional adjustment to life with an acquired disability. Classes will be held on February 19 at the Association’s office in Minneapolis from 6-8:30 p.m.

Brain Injury Basics III: Caregiving

This new class is focused on how brain injury impacts the caregiver and their efforts at caregiving. These individuals play an important role in enhancing quality of life and promoting adjustment to life after a loved one’s brain injury through their caregiving. This class will be held on April 22 at the Association’s office in Minneapolis from 6-8:30 p.m.

Long-Term Care and Participants with Brain Injury

This class offers training of professionals who work with persons with a brain injury. Participants will learn to enhance relationships with caregivers and residents, create quality home environments and methods to manage disruptive behaviors. This class is offered February 21 from 8:30 a.m. to 4:30 p.m. at the Brain Injury Association of Minnesota’s office in Minneapolis. Call the Education Manager at 800-669-6442 or 612-378-2742 for more information.
Volunteer Corner

By Lee George

Fourth Quarter Update

The fourth quarter is filled with the hustle and bustle of the holiday season. Volunteers have plenty on their plate with social gatherings, family traditions, and traveling. But we have still had wonderful support by volunteers in many areas of the Association. Individuals came and helped us decorate and address holiday cards, office volunteers continued to support the different departments they work in, and we have received many volunteer applications. Things are going well, but we still need your help.

We are looking for passionate individuals with administrative background to support our Multicultural Outreach Coordinator. We are also seeking a highly motivated and skilled individual to be our Peer Mentor Specialist. This individual will oversee our Peer Mentor Program.

If you are interested in volunteering at the Association, please contact Lee at 612-378-2742, 800-669-6442 or leeg@braininjurymn.org.

25 trained speakers that will be traveling all over Minnesota in this next year sharing their personal stories, advocating for the Brain Injury Association of Minnesota and information about the Brain Injury Association of Minnesota. This diverse group of trainees brings to the Speakers Bureau a wealth of experience, knowledge and passion needed to represent the Association and individuals affected by a brain injury.

Speakers Bureau

The second Speakers Bureau Training occurred on December 1, 2007. Fourteen trainees attended despite the threat of severe weather later in the day. Planning the speakers training during a blizzard seems to be establishing itself as a tradition here at the Brain Injury Association of Minnesota. We are excited to now have over 25 trained speakers that will be traveling all over Minnesota in this next year sharing their personal stories, advocating for the Brain Injury Association of Minnesota and for the 100,000 Minnesotans living with a disability due to brain injury.

The purpose of the training was to help refine and strengthen their personal story. Phil Gonzales, Public Awareness Associate discussed the finer points of public speaking and Paul Godlewski gave an example of what a presentation can look like by sharing his story and information about the Brain Injury Association of Minnesota. Our speakers provide a valuable insight into navigating the world of brain injury and the services and programs the Brain Injury Association of Minnesota offers. They can be a thought provoking addition to any board meeting or can help motivate coworkers during an office fundraiser. If you are interested in connecting with one of our speakers contact Lee at 612-378-2742, 800-669-6442 or leeg@braininjurymn.org.

Patrick McGuigan speaks at the St. Anthony Public Library

Photo by LinChing Nieh

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Navigating Life, continued from page 1

Navigating the requirements of the corrections system is a learning experience for facilitator and inmate alike. Fewer options are available within the corrections system and an inmate with a TBI may have difficulty following through with the processes required to access those options.

Having a TBI can also exacerbate difficult conditions within a prison setting. Issues such as memory loss, impulse control and anger management can lead to confrontations between other inmates and prison staff. Identifying a prisoner as someone with a brain injury can lead to a better understanding in terms of day to day management and discipline.

“I talked to one individual who was 68 and had 12 years left on his sentence,” says Kristina. “Obviously, most of what I was doing was helping him get along in prison.” When discharge from prison is imminent, however, much of the work is in preparing them for a life outside prison walls.

“The first day out of jail is the most terrifying day of an inmate’s life,” says Tracey, another Resource Facilitator. “All of your structure, when you eat, when you go to sleep, gets taken away. Just thinking about it is enough to send some people into a panic. Having a brain injury only makes that worse.”

Tracey has experience with people just coming out of prison. “Knowing they will have Resource Facilitation the day they step out of prison, having someone who’ll say, ‘How are you going to take care of yourself today? Where are you going to sleep tonight? Did you call your probation officer?’ really helps,” she says. “It creates a trust that is needed: a trust in themselves and in us. They have a safety net,” which, Tracey implies, supports them during the critical transition back to community living.

“There are many closed doors for people with a prison record,” Tracey says. “Many people won’t rent to an ex-offender, so housing is hard to find. If they have memory issues they may forget to contact their probation officer and end up back in jail.” Their issues make Resource Facilitation’s job of networking very important. A trusting relationship with a probation officer can benefit everyone involved. The Resource Facilitator contacts the probation officer and shares information about brain injury while the probation officer provides information critical to understanding the re-entry process. The probation officer may then start referring people with brain injuries to the Association for follow-up supports. Each professional’s increased awareness of one another helps create many successful collaborations.

When asked about Resource Facilitation service’s goal in working with offenders and ex-offenders, Christina Saby, Resource Facilitation Supervisor, explains that the Association’s work is simply one part of a much larger picture involving the work of many organizations. “We are one link in a process that has been going on for many years. But, we’re planting seeds and trying to be part of the solution.” She further states that

“The first day out of jail is the most terrifying day of an inmate's life. Having a brain injury only makes that worse.”

Part of the job involves helping ex-offenders develop a sense of self-determination. “They come out of jail with a stigma attached already. They have to deal with that on top of TBI issues,” says Tracey. “I’ll ask them, ‘Do you have a Probation Officer? How do you remember to stay in touch? What compensatory strategies are you using?’ and that assists their understanding of their upcoming struggle and also available support. They keep the responsibility and I provide them available supports.”

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*National Institute on Disability and Rehabilitation Research
Looking Towards the 2008 Legislative Session

Legislature Addresses Health Care Reform

When the Minnesota Legislature adjourned in May 2007, they did so with a commitment to spend the summer and fall looking for ways to improve health care policy by creating the Legislative Health Care Access Commission (HCAC). In July the HCAC formed seven sub-committees charged with making specific recommendations on ways to improve the quality of the health care system in Minnesota. In setting up these subcommittees the Commission gave members of the public and well as members of the House and Senate a chance to be part of the solution for solving our health care crisis.

The 7 sub-committees are:
- Identify Health Care Costs/ Savings
- Restructure the Health Care System Through the Identified Savings
- Development of New Cost Containment Strategies
- Public Health
- Insurance Market Reform
- Health Care For Long-Term Care Workers
- Single Payer Health Care

The subcommittees tackled issues such as identifying extraneous health care costs and restructuring the system so that cost containment can be used to develop better ways to provide quality care. The Public Health workgroup examined ways to promote early detection and prevention of chronic diseases and also looked at ways to reduce childhood obesity. The Insurance Market Reform workgroup evaluated ways that would help make the insurance market more competitive. The sub-committees have now finished their work and the HCAC is preparing final recommendations they hope will be acted on by the 2008 Legislature.

Public Policy staff attended many of these meetings over the last four months and listened in as Committee members compared existing, planned, and emerging reform strategies. Several common goals emerged from the recommendations, as well as some critical barriers and conflicts. One of the work groups concluded that it will not be possible to achieve the state’s cost containment goals by concentrating on only one part of the system. Instead, bridges must be built between sectors so that money can be used earlier for prevention and to maintain health in order to prevent the need for high-cost treatment and institutional care later on. This will require a long-term effort to redistribute money between parts of the system that currently are financially and functionally isolated from each other in traditional categories of public health, health insurance, social and community supports and long-term care.

The Brain Injury Association of Minnesota will do everything in its power to influence policymakers as the State Legislature goes through the various stages of review and implementation of these recommendations during the upcoming 2008 Legislative session. We hope you will be part of our efforts.

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Independent Doesn’t Mean Alone

MAP Reunion / Citizen Advocates - Public Policy Conference

All Citizen Advocates as well as past and present Minnesota Advocacy Project participants are invited to attend our first ever Brain Injury Public Policy Conference to kick-off our advocacy efforts for the 2008 Legislative session.

This event will be on Saturday, January 26 from 10 a.m. – 1 p.m. at the Brain Injury Association Education Center. Participants can learn more about important issues and network with other advocates concerned with brain injury. Lunch will be provided.

Included on the agenda will be a review of the Legislative process; 2008 issues; seatbelts; Medical Assistance Income and Asset Standards; special education funding; transportation; advocacy plans and strategies and more.

Contact Jeff or Michelle at 612-378-2742 or 800-669-6442 for more information or to let us know you’re coming!

Congratulations to the 2007 MAP Graduates

The final class of the Minnesota Advocacy Project met on December 8, 2007 at the Minnesota State Capitol. Congratulations to: Michael Ellison, Julie Moylan, Ron Anderson, Eric Wandersee, Lisa Black, Jeanne Anderson and Heather Barber. Watch for more exciting news as we roll out the new Midwest Advocacy Project next summer.

Photo by Jeff Nachbar
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23rd Annual Conference for Professionals in Brain Injury
Asking the Right Questions: Sharing New Answers

April 17 & 18
St. Cloud Civic Center


This year’s Annual Conference features special guest speaker Trisha Melli, author of I Am the Central Park Jogger. Dr. Tim Feehey and Dr. George Prigatano will be our keynote speakers. Melli will speak at an event on Thursday evening that will be open to the general public.

For more information or to register, visit our Web site at www.braininjurymn.org/conference.html, or call 612-378-2742 or 800-669-6442.
The Brain Injury Association of Minnesota would like to thank the Medtronic Foundation for their generous support for the past 13 years. Our relationship with Medtronic began in 1994 with support for our Headsmart Bike and In-Line Skating Safety Program. In 2007, the Medtronic Foundation helped fund two Association areas of focus including the Multicultural Outreach Service and Leadership Paradigms training for Association managers.

The Multicultural Outreach service is in its seventh year of Medtronic Foundation Support and has reached over 23,000 people in underserved communities of color thanks to the support it receives from Medtronic. In 2007 this service was able to expand its presence in the homeless community increasing our referrals and exposure in underserved communities. Multicultural Outreach service was also able to hire a part-time Latino outreach specialist in June 2007.

The Association is excited for the opportunity to strengthen our organization by creating a culture of leadership through the Leadership Program funded through Medtronic’s Patient Link Programs. Over sixty percent of the management team is relatively new to management and departmental leadership. This fact, as well as the steady increase in staffing, signaled a call for leadership training. Additionally, the leadership program consists of workshops and curriculum focused on building management team participants’ personal leadership strengths as it relates to building a culture of leadership within the organization. The goal is to promote leadership development as well as organizational capacity for long-term growth.

The goal of the Medtronic Foundation is to improve the health of people and communities, making unique and positive contributions, to health, education, and community. According to the 2007 Medtronic Foundation Community Report, since Medtronic was founded in 1949 they have contributed more than $350 million in Medtronic Foundation grants, Medtronic cash contributions and medical device donations to improve the health of people and communities, and is at work in 29 countries around the world. In addition, almost two-thirds of their historical giving has occurred in the past five years. Last year alone, Medtronic’s total giving exceeded $53 million.

The Brain Injury Association of Minnesota is devoted to ensuring that the best possible supports and services are available to all people in Minnesota affected by brain injury and we are grateful for the continued support of the Medtronic Foundation. Thank you Medtronic!
A concussion can leave you feeling out of focus.

At Bethesda Hospital’s Concussion Clinic we can help.

A blow or jolt to the head can cause a type of mild brain injury called a concussion. Concussions can occur from a sports injury, car accident, fall, collision or any blow to the head.

If you are experiencing irritability, headaches, depression, insomnia, poor concentration, getting lost or becoming easily confused, or a loss of sense of taste or smell you could be suffering from effects of a concussion.

At the Bethesda Concussion Clinic you’ll be seen by our specialized physicians, neuropsychologists and therapists who will create an individual treatment plan for you. If you want help putting your life back in focus call us at 651-326-4323 or visit www.bethesdahospital.org/concussion.