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Applicant Name:

Brain Injury Solutions, 501(c)(3)

PROJECT NARRATIVE

A. Proposed Intervention:

ORGANIZATIONAL INTENTION:

Brain Injury Solutions, a nonprofit 501(c)(3) intends to develop a system of connection uniting services and processes with people who require it most. Installing a community center for solutions for brain injury will create a physical hub as a place of many types of connection and space to grow a network of innovative provisions to serve ability over disability for all affected in the Las Vegas and Southern Nevada region.

AN UNDERSERVED NEED

Currently, within the Southern Nevada region, no combined system of services, resources, and support exists for those affected by brain injury. Individuals and families struggle to find answers from the well-intentioned medical community, who are often looking for the answers to the complexity the brain presents when injured. This trauma of incidence transforms an individual and a family, with a massive scope of implications. Struggle for survival is first met with medical procedural intervention, where brain treatment and techniques are open to a broad scale of perspective. Those who eventually leave the immediate and essential first steps of care may move from one institution to another until if fortunate, they return home.

There is a point commonly shared by brain injury survivors and family members expressed in their stories. They suddenly slow down as if momentarily suspended, and as the pause fades, a deep intimacy conveys a weighted reality of the moment their life forever changed. Their return home is now a destination of new and unfamiliar existence with unknown parameters and by extension impacts the entire family. In the cascade of abrupt change and the subsequent migrational journey to acceptance that follows, tangible costs occur, yet the intangible costs are often far more significant. A family can champion or be challenged by such life alterations, and often are both in the lifetime of adjustments required.

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Time and money are typical concerns of any family. Families affected by brain injury add the complexity of ongoing medical concerns, behavioral adjustments, and the sudden loss of income for one or more family members who become caregivers, which further strains financial concerns. The metamorphic transition can include constant adaptation in schedules, an assemblage of medications to understand and administer, and to learn the nuances of prescribed diets. Transportation and treatment become viable concerns amidst the mounting indifference of legal and insurance matters. Inevitably, the overall ability to command comprehension for the enormity of this unexpected change falls often into the hands of a single person. There appears to be no area of life unaffected in these sudden transitions. Like mental illness, invisible symptoms can manifest into depression and anxiety with a higher prevalence of suicide, as noted by the current media revealings involving professional football and hockey suicides with root causes in brain injury. Where the physical symptoms and cognitive impairments are more likely to be communicated and addressed, emotional issues can be harder to comprehend and treat. As a result, costs multiply with compounding results.

Brain injury can affect anyone, at any time, no one is immune, and it can originate from diverse circumstances. Traumatic Brain Injury may be more widely known, though it is only one of at least 16 categories that can impair the normal function of our brain. The variety of brain injury classifications makes comprehending definition diverse, as each injury is unique to the specific cause, location, and severity. No two brain injuries will ever be the same, which makes the diagnosis, treatment, and care more complicated. It becomes an independent approach for individual families and not a straightforward description that the average individual may readily understand.

83% of Traumatic Brain Injuries fall into the diagnosis of mild, yet the symptoms and effects are often involved. Of those that can return to employment, symptoms, and treatment can be ongoing, taking up to between 10-12 years to recover. Some sadly will never recover, and the estimated individual cost in a lifetime can fall between \$85,000 and 3 million dollars. Compounded factors include the fact that having a brain injury also

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creates a higher risk for sustaining another, and overtime a minor or mild injury's impact can be dormant for years before symptoms appear without realization of its root cause. Statistics from the Center for Disease Control report than over three and a half million individuals are affected by the classification of brain injury every year, and just under one third relate to children. Report estimates indicate that one in six individuals in the United States lives with a Traumatic Brain Injury and 69 million are affected worldwide. Of those that do not move on or recover quickly, the number compounds, annually affecting a community in silent numbers.

When Brain Injury is misdiagnosed or misidentified by symptoms of mental illness, it complicates understanding and identification. This misinterpretation often creates a stigma that keeps individuals from seeking proper channels of treatment. The many unaware can and do end up homeless (53%), incarcerated (80%) or institutionalized (70%). Across the nation, the numbers that are available sum up the compelling cost of brain injury reported being 76.5 billion dollars annually.

The numbers are growing, the concern is significant, and our community in this is underserved. Brain Injury can and does affect everyone directly or indirectly. Our proposal aims to help our community put a realistic face on brain injury and what we can do about it. We aim to join forces and create a community network of available services and create innovative programming that helps all who are affected with brain injury discover new capabilities.

PROPOSAL DESCRIPTION:

Our proposal requests funding assistance to aid in the development of a communityfocused initiative that addresses the underserved, expanding, and pervasive nature of brain
injury. With a three-fold design, we intend to develop a network hub, a system for
connection, and ability driven services for all affected in the Southern Nevada region.

1. The Hub will serve as the nucleus center for all our initiatives of solutions for brain injury.

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It can provide a connection with the community to put something in and take what is needed. It will offer a collaborative for services, partnering, and the building of a network. It provides a physical space to create ongoing programs, events, and classes. It offers a place to contribute, design, and connect with others similarly situated. It is a location to administer and provide operations for daily interaction and contribution. It includes housing for resource materials, a lending library, and an equipment swap center.

By listening to the community of affected individuals, caregivers, and families of brain injury, offering a stable location within the city serves as a beacon of hope that says brain injury will be addressed for what it is and provide a place to create purpose where the journey is understood. A physical location can offer all the administration, courses, and resources, though when a site also aims to contribute and include, it becomes a haven for the invisible to become visible.***

2. The System of Connection

Essential to developing solutions is having a credible system that works to make the tangible as useful as the intangible factors. This system will include a formal process for inviting, reviewing, and evaluating the individuals, institutions, organizations, and associations relative to the building of a viable network of valued services for the brain-injured community. Promoting this community effort, creating public awareness, and welcoming the community to connect is the other half of the necessary elements required to build a connection system. The third function of this portion of our proposal includes the construction of a database of resources, research, and community relationships.

Brain Injury Solutions has been in the process of building relationships and making connections in informal ways. With funding, we will be able to streamline our process digitally and develop the procedural formats to initiate, monitor, and govern the operation efficiently.

3. The Services

Offering a commodity of life-enriching programs, we will focus on the ability-over-disability in all programming activities. We will participate and provide events for connection, networking, partnering, and a collaboration of services within the community for awareness of brain injury. Further development of educational courses and advocacy training will offer

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knowledge and comprehension for individuals, caregivers, families, and the professionals who help assist and aid recovery. Designing optimal utilization of our physical capacity will further education and relationship connection for individuals to engage with likerninded individuals, actively participate, and contribute to an area of interest that helps all to grow. Prevention programs will also be developed with our community to interact, speak, and service public education.

Creating a passion for education and information within a community recycles ability and forms a useful purpose. This theme is inspired by those who attend the current support groups. Both affected individuals and caregivers often address the issue of feeling purposeful and have a strong desire to contribute. Opportunity programs that provide a chance to develop personal skills have stirred the concept for a Community Speakers Platform, allowing for active participation to adopt speaking skills that are furthered by speaking with a team for both community awareness and prevention of brain injury. We are utilizing the community network to provide educational courses and classes to further our offerings and choices to healthy actions and develop relationships within our network of the available services within the Las Vegas region. Development of innovative courses that stem from the education and resources within the Brain Injury Solutions active membership will provide a unique branding of our capable community focus. Learning of the substantial value of advocacy, we will be able to focus on training courses for family members and more formal information training for professionals to improve the role of supporting systems for brain injury. The vital role of caregivers has prompted the importance of a structured course and training to assist caregivers and offer professional guidance. We further wish to utilize the center space with activity and creative stations that focus on art, music, problem-solving, and movement.

Our three focus areas of this proposal offer a chance to discover and unite the ability within our community to gather and grow for a larger purpose. We see our center as the brain's nucleus and our system as the neural pathways connecting to provide the programs that nourish and build better brain options for the sleeping giant that is brain injury within our Nevada community. We see ourselves as a catalyst that provides a way to help the community help themselves.

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EXPECTED CHALLENGES

We expect a learning curve involved in the process of comprehending the best ways to serve the needs of the diverse population of the brain injury community. Individuals come with a unique environmental and genetic make-up that becomes altered with a brain injury that changes even more with a realization that each brain injury is unique. The same is true with the circumstances of their current environment and family dynamics. We will find the common threads, adjust and adapt as professionals do to comprehend the needs and service best suited. We keep in mind when championing challenges the dignity and concern we wish to convey to all we serve, including ourselves.

Working with volunteers, staff members, and board members who have incidences of brain injury have provided moments to reexamine and develop consideration in our procedures to allow the extra time necessary in rest, communication and processing information. Accomplishing tasks towards our proposal goals must include time considerations and be factored to accommodate these special needs and implemented into our timeline. We further realize that more frequent evaluation and flexibility to adjust might be necessary for achieving optimal outcomes.

Our proposal is as ambitious as is the need within our community. It is laid out to direct our efforts to three distinct functions of one purposeful aim. We realize that each service is equally vital with tasks and subgoals in each. Well managed with apportioned time and skills, we feel confident in achieving the basic structure and content of each independent focus. Our first challenge arrived in moving our plan and budget into this proposal. We are keeping our focus for the physical location of a community center for brain injury; we have, however, decided to omit this from the budget narrative in this proposal. We included it in this proposal to establish our intention and will seek this phase of our development in separate measures.

By acknowledging our learning curve, appreciating the need for accommodations in all, and the ambitious nature of our proposal, pragmatism and purpose remind us that we will err, though much less when we remember our message, mission, and humility in the process.

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B. Target Population and Service Area:

The impact of brain injury in the world and across the United States filters into the state of Nevada with equal concern. The population of brain injury is made up of all ages, race, gender, and level of ability or function. Brain injury does not discriminate. Its four primary areas of impact through falls, auto accidents, sports-related, and acts of violence are defined in severity, making each injury unique.

Our approach begins with advocacy in the initial stages of brain injury within the hospital setting, where intervention can make a considerable difference in the outcome. The majority of our service provides physical, mental, and emotional stimulation for individuals and groups and a prevention focus for community awareness. Our population can arrive in the form of veterans of combat, athletes who suffer multiple concussions, students of all ages and demographics, that who've undergone stroke, neurological disorders and even those who may present with the symptoms of mental health issues. Our service also extends to the many concerns of families and caregivers who might require assistance, and extended family members who want to know how to help. It also embraces the community in the promotion of awareness and talks and programs for preventative practices. Of all these different areas to service, brain injury offers a pervasive perspective.

The professional community of providers, institutions, and services play a vital role in the educational provisions of our service. By networking, we make connections of services and resources for those who need from those who provide. By offering identification process, we help to update older systems. Offering professional training helps proficiency and invites further research. Connecting to build awareness and affect change in our community with those who can, is just the right thing to do to grow better brains.

C. Organizational Capacity and Partnerships:

Our Board of Directors is made up of five passionate people who have served the community inspired to change the face of brain injury in our community. The three main members listed here are the catalysts for community change and are currently actively engaged and will play various roles of support and engagement in the development.

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Mary Langdon, as Co-Founder, and President has championed and initiated brain-injury-support groups. She has multiplied interest and attendance while providing a place of familiarity for those who feel alone with their injury. Her own identity and experience with multiple brain injuries drive her desire to remove the stigma and introduce ideas for improvement in a variety of areas of care and treatment, with an emphasis on nutritional impact. Mary will utilize many years of government supervisory experience and connection to aid the engagement to develop the networking arm of our proposal.

Christine Essex, as Co-Founder and Vice President, has been a long-time community leader and activist for integrating the needs and services within the Las Vegas community for over 30 years. The incidence of her son's rehabilitation with anoxic brain injury inspired her involvement and insightful contributions that have broadened the perspective and scope of service for this community. Like Mary, she is a connection and referral resource and possesses developed capacity to design programs, policy, and procedural accounts for all proposal phases. Her insights and community outreach will provide oversight for our central hub focus and contribute to the community network. Her sense of detail further assist the planning dimensions of available programming and certification level courses.

Lynda Tourloukis, as Treasurer, is the driving force for the overall project management of the organization and development of ability-based programming. Her background in leadership and community organization make her an excellent candidate for developing the creative insight and the practical application for all aspects of the proposal. She is a writer, program developer, and creative director with unique talents in management organization to guide the skills of individuals and organizations. Her experiential programs in developing human capacity infuse insightful applications for brain health, research, and innovative exploration of service to community growth. As a Board member, she has provided phenomenal reorganization of mission and purpose and aligned goals for achievable outcomes. She will be stepping away from her board position to spearhead the management of this proposal focus with an overly generous compensation reduction.

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Martha Sullivan, Secretary, is a former Director of Community Training Services with the Easter Seals organization, sales management skills and direct work with the elderly population provide a valued resource and reference for accuracy, practicality, and compassion. Her timely insights and attention to detail offer strong oversight.

Gerry Reynolds, board member, has a passion for exploring the world with a broader focus to our theme of going beyond. With over two dozen years serving as a US Postmaster across the United States, he is also a retired Marine Sergeant. Gerry is an excellent board addition providing expansion for the collected vision, and discipline of purpose.

COMMUNITY AFFILIATIONS:

Neuro Restorative, Sub and post-acute comprehensive services 2785 S. Rainbow Blvd. Suite 130 Las Vegas, NV 89146

Currently partnering to host and develop dual support groups for the caregiver and braininjured individuals. Neuro Restorative offers available space and is supportive for future programming and partnership of health programs and initiatives for the community

Dignity Health Rehabilitation Hospital, Acute inpatient and outpatient rehabilitation 2930 Siena Heights Drive Henderson, NV 89052

Dignity Health champions our dual support group efforts and welcomes the service we provide the community. As they develop their rehabilitation mission, new programs, and support connections for mutual growth benefit develop.

Challenger Newspaper, independent health, rehabilitation, senior, and disability news
Henderson, Nevada. www.thechallengernewspaper.com
Writing articles for this specialized newspaper and as featured interest spotlights, this
newspaper promotes awareness of our efforts in the community and provides connections.

Nevada Community Enrichment Program (NCEP), post-acute rehabilitation services 6375 W. Charleston, Las Vegas, NV 89146

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Our support programs began with NCEP and have branched out to provide what they could no longer support. Association referral and recommendations are an ongoing relationship.

Parks and Recreation of Las Vegas, Nevada, Adaptive Cycle Program 7351 W. Alexander Las Vegas, NV 89129

Supportive of our efforts for recreation and referral of services for the brain-injured community, the Park District recently encouraged our annual drive effort partnership with their adaptive recreation program. We are currently communicating to expand programming possibilities within the Park District program.

D. Cost-Effectiveness and Sustainability:

Brain Injury Solutions currently services 275 individuals with referrals, support group offerings, resources, education, and information. This number has increased from our beginning in January 2019 with 25 individuals from documented attendance. With little promotion or publicity of the service provided word of mouth is responsible for the growth. Projected attendance at a central location with social media, marketing, and promotion is estimated to increase by 75% with a capacity of 1,000 individuals utilizing our services and programs. Projections without current funding sources included to offset, are estimated at \$20.23 cost per client for overall use of services as detailed below:

Various support groups - Facilitated peer support: \$1.08pp

Community Events - Brain Injury Awareness: \$3.15pp

Center Education Courses - Support and Education Classes: \$4.10pp

Center Program Activities - Creation and Education: \$2.00pp

Center Counseling Services - Guidance or Coaching: \$10.00pp

Current Funding Sources:

Board member donations - setting up record-keeping of the process of member projects, donation Jars set up at all events Small Change Campaign with 7-11 Convenience Food Stores, Caregiver Fun Fundraising Nights - Small event fees and donations accepted

Developing Funding Sources:

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Laps for Peace - Lap pledges, walking/riding, and donations accepted (planned annual)

Giving Tuesday - Campaign for weekly opportunities of creative giving options.

Ability Challenge - a daily challenge of discovering ability in Disability Month.

Book Program - Healthy recipes, Inspirations, and Caregivers stories collaborations

Social Media Donations - Programs being sent up for online donations

Website Donations - accepting donations

Sponsoring Organizations - Creating procedures to develop community relationships

Developing Self-Funded Sources:

Professional Advocacy Training Program - designed to self-fund this nonprofit Professional

Caregivers Training Program - designed to self-fund this nonprofit C.A.N. Coaching

Program - designed to self-fund this nonprofit

E. Evaluation:

Using SMART Goal guidelines, the foundations of our proposal were segmented in three overlapping sections to run concurrently with our intentions. Using Project Management Software, we can stay on task with timelines, and with GANTT charts, we can also keep a running visual of the status of our projects. Checkpoint monitoring, discussion, and review measure progress steps for the proposal goals. Each element is integrated, scheduled, and timelined to communicate progress and status at intervals with our board. Report functions of the management software provide a detailed snapshot of our progress in percentages. Weeky data input for monthly and quarterly reports are planned.

Progressive checks and balances with technology and oversight provide tools for success of goals and accomplishments. In this proposal we would like to add that what drives our purpose and mission is also in the development of something new for something needed. We find inspiration routinely in the service we render others. Within our support groups we realize capability from people that have much to overcome. They continue to persevere and demonstrate ability consistently. We are the fortunate ones able to witness and point it out. As we recount the ways we will evaluate our progress, we are also assigning our tasks with the names of individuals in the support groups. In this manner, our focus is continually placed on those we serve and the ways in which we wish to serve.