



NC Department of Health and Human Services

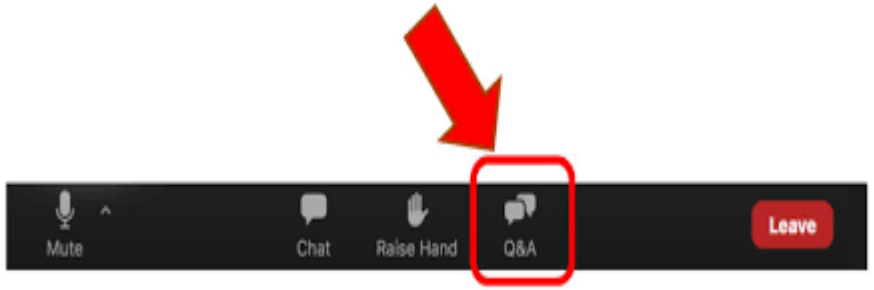
Division of Mental Health, Developmental Disabilities, and Substance Use Services

A First Look at the North Carolina Online Brain Injury Screening and Support System (OBISSS) Platform

August 25, 2026

Housekeeping

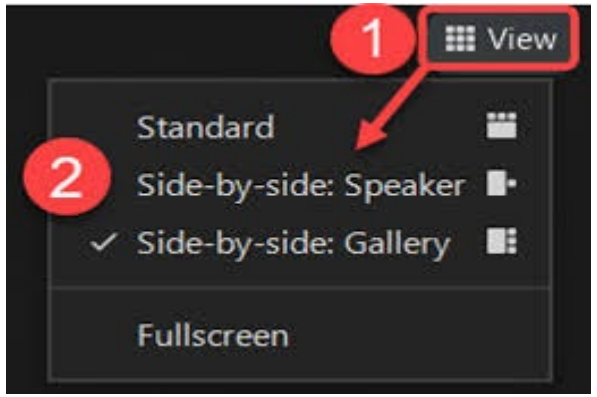
- Reminders about the webinar technology:
  - Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.
  - Please make sure your microphone is muted for the duration of the call unless you are speaking or asking questions.
  - Questions can be submitted any time during the presentation using the “Q&A” box located on your control panel, and we will answer as many questions as time allows after the presentation.



Housekeeping

- American Sign Language (ASL) Interpreters and Closed-Captioning
  - ASL Interpreters and Closed-Captioning options will be available for today's event.
  - For closed-captioning options select the "Closed Caption" feature located on your control panel.

Intérpretes y subtítulos en lengua de signos americana (ASL). Habrá intérpretes de ASL y opciones de subtítulos disponibles para el evento de hoy. Para opciones de subtítulos, seleccione la función "Subtítulos" ubicada en su panel de control.



- Adjusting Video Layout and Screen View
  - Select the "View" feature located in the top-right hand corner of your screen.

Agenda

1. Brian Injury Overview
2. Online Brain Injury and Support System (OBISSS)
3. Q&A

Speakers

Scott Pokorny, MSW, CBIS
Traumatic Brain Injury Team Lead
DMH/DD/SUS

Haleigh Cushen
Director of Program Management
NASHIA

NATIONAL ASSOCIATION OF STATE HEAD INJURY ADMINISTRATORS

Screening for Brain Injury

July 29, 2026

Support States.

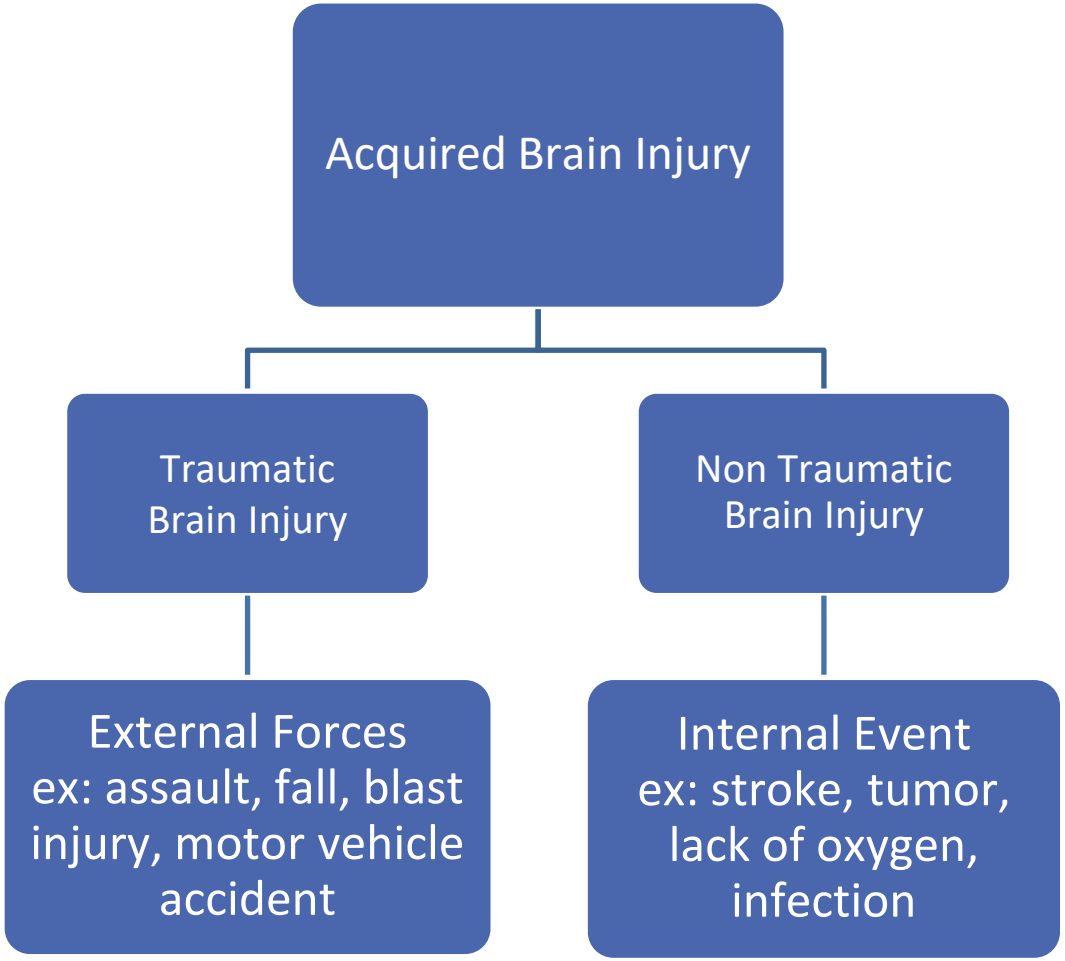
Grow Leaders.

Connect Partners.

nashia.org

Brain Injury Overview

Brain Injury Defined



Concussion

Concussion symptoms may appear mild, but can lead to significant, life-long impairment affecting an individual's ability to function physically, cognitively, and psychologically.

- 90% of concussions are not associated with a loss of consciousness
- Concussive symptoms may develop over days or even months later
- 90% of mTBI may go unreported
- Often not visible on CT scan or MRI

Modifiers: Two significant reasons why "mild" brain injury can result in lasting impairment:

- **Repeated exposure**, e.g., abuse, intimate partner violence, combat, sports.
- **Underlying co-occurring conditions** such as substance use disorders or mental health conditions.

Vulnerable Populations

Population	TBI with LOC	Mod/Sev TBI
General Population	22%	5%
SUD TX Settings	53%	17%
Criminal Legal Systems	50%	14%
People experiencing Housing Insecurity	47%	25%
Psychiatric Inpatient	36%	20%

Source: SAMHSA Advisory: Treating Patients with TBI

Veterans and Brain Injury

- During peacetime, over 7,000 annually admitted to military and veterans' hospitals with diagnosis of TBI (IOM, 2009)
- 80 percent of TBIs since Sept. 11, 2001, have been non-combat related
- More common among non-combat military personnel than in the general population:
  - High concentration of service members in the highest incidence age groups (18 – 44)
  - Greater risk for injury associated with non-combat military duties
  - Greater consumption of alcoholic beverages by military personnel

Individuals Experiencing Homelessness

- 43% (n over 2,000) of respondents reported a history of TBI with the mean age of first injury being 15

- Individuals with TBI become homeless at a younger age and are more likely to report mental health diagnoses, substance use, suicidality, victimization, and difficulties with activities of daily living

- 51% reported sustaining their first injury prior to becoming homeless or at the same age as their first homelessness episode. (Mackelprang, Harpin, Grubenhoff, & Rivara, 2014)

Brain Injury & Intimate Partner Violence

- As many as 23,000,000 women in the United States who have experienced intimate partner violence also live with brain injury
- The CDC estimates that at least 158,000 TBI-related deaths, hospitalization and emergency Department visits in the US each year are related to assaults
- The rates of TBI in women who are seen in the emergency room or in a domestic violence shelter are between 30-74 percent. Most of these injuries occur from a direct blow to the head or from strangulation, which can result in loss of oxygen to the brain
- Only 34 percent of the people injured by intimate partners receive medical care for their injuries

TBI & Criminal Justice: Prevalence

- A meta-analysis found the prevalence in the justice population to be 60.25% (Shiroma, Ferguson, & Pickelsimer, 2010) vs. 8.5% of the general population with reported history of TBI (Wald, Helgeson, & Langlois, 2008)

- A meta-analysis found that approximately 30% of juvenile offenders have sustained a previous brain injury (Vaughn, Salas-Wright, Delisi, & Perron, 2014)

Online Brain Injury Screening and Support System (OBISSS)

NASHIA Online Brain Injury Screening and Support System

OBISSS

NASHIA OBISSS

The OBISSS is an online screening system to determine the likelihood of brain injury and to identify associated challenges that may be present for youth and adults.

Benefits to the client:

- identify potential TBI and non-TBI history
- identify current challenges and share strategies regarding the associated symptoms
- provide strategies for professionals for how to support their client with a brain injury

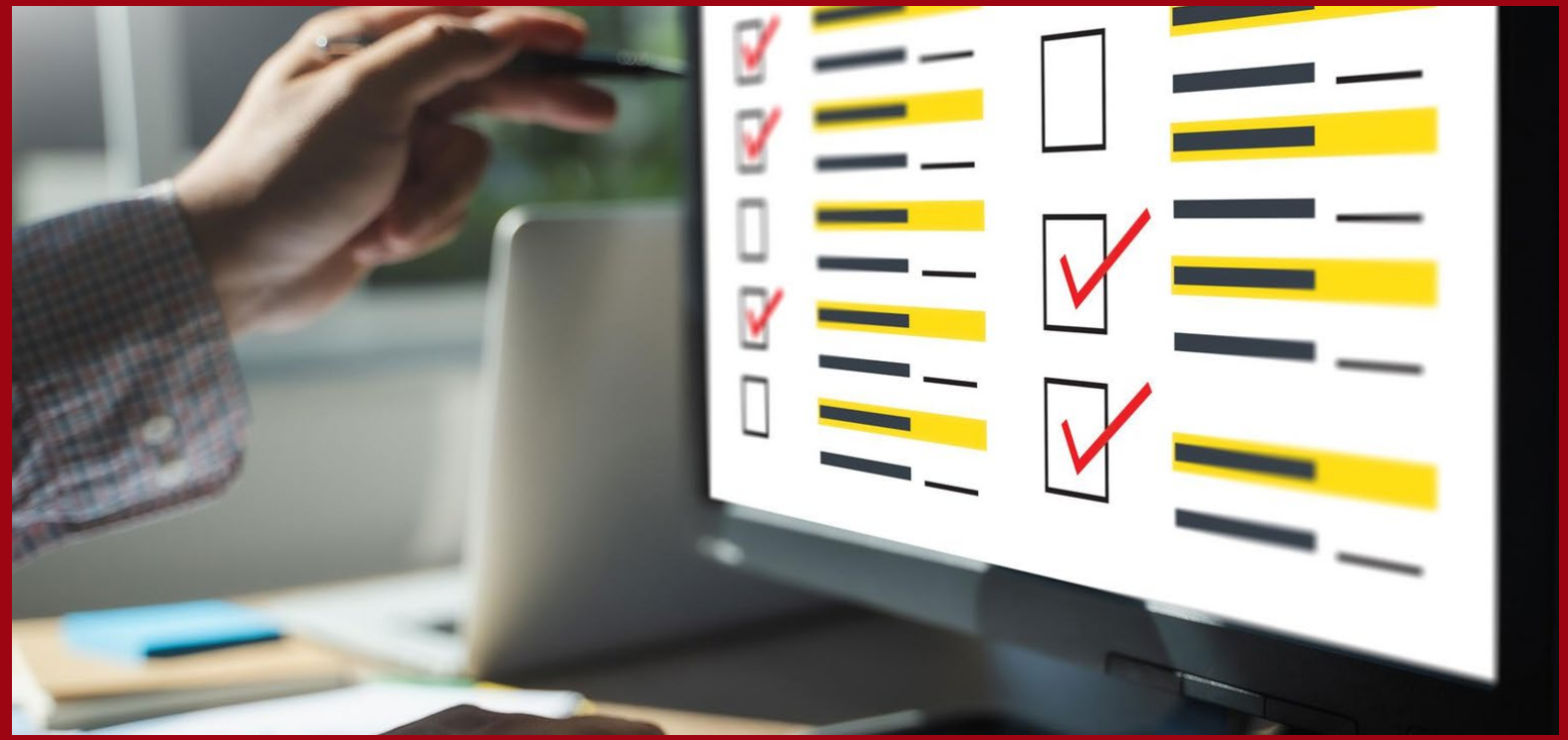
THE OBISSS:

USES ESTABLISHED TOOLS:

THE OHIO STATE UNIVERSITY TBI-IDENTIFICATION METHOD (OSU TBI-ID)

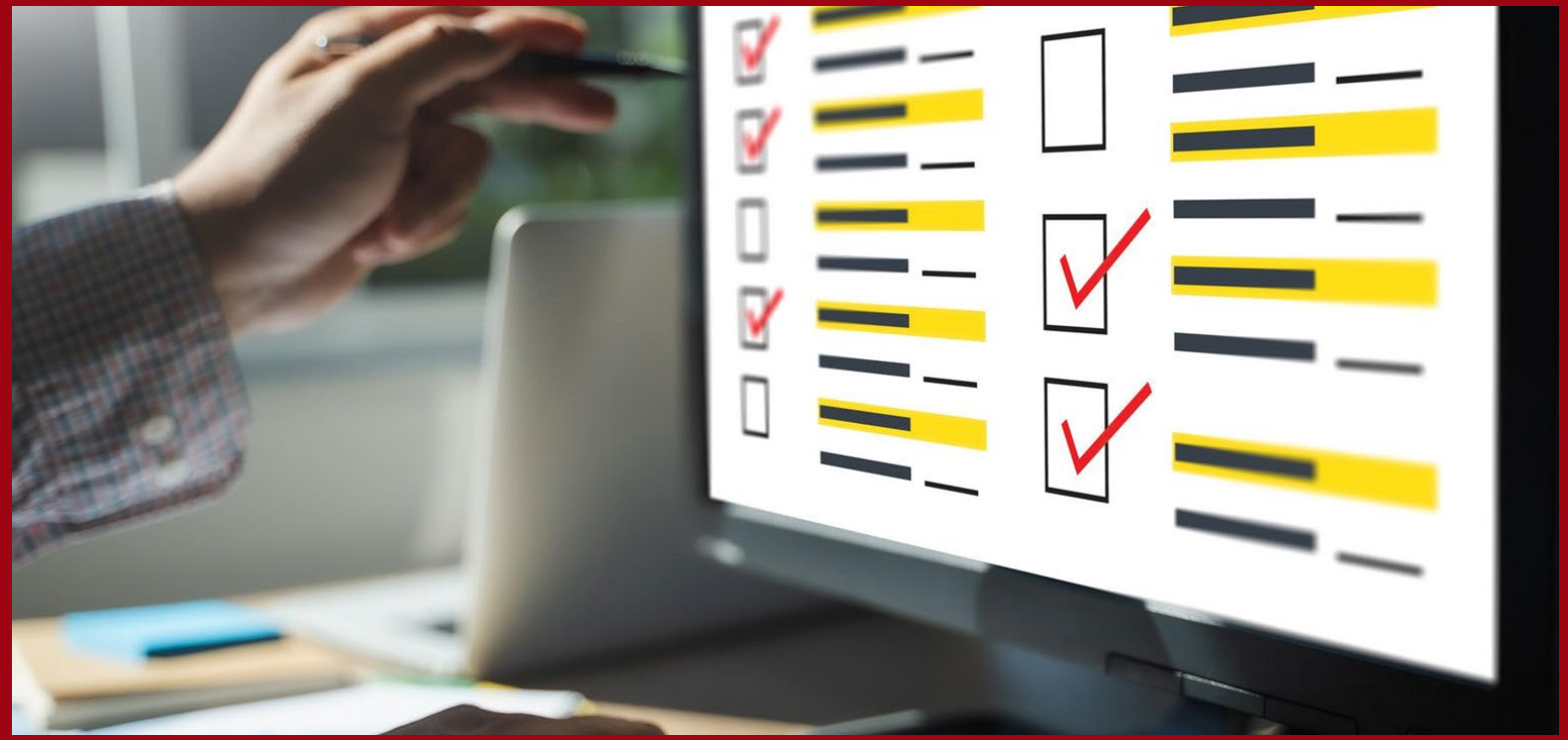
SYMPTOMS QUESTIONNAIRE FOR BRAIN INJURY (SQBI)

THE OSU TBI-ID METHOD:



PROVIDES A WAY TO ESTIMATE IF THERE IS A LIKELIHOOD THAT CHALLENGES OR CONSEQUENCES EXIST FROM ONE'S LIFETIME EXPOSURE TO BRAIN INJURY.

THE SQBI ASSESSES THE FOLLOWING AREAS:



- MEMORY
- PROCESSING
- ATTENTION
- INHIBITION
- PHYSICAL AND SENSORIMOTOR CHALLENGES
- LANGUAGE
- ORGANIZATION
- MENTAL INFLEXIBILITY
- EMOTIONAL DYSREGULATION

THE OBISSS GATHERS:

USEFUL DEMOGRAPHIC DATA TO MAKE COMPARISONS AND INFORM PROGRAMS

THE OBISSS PROVIDES:

TIP SHEETS THAT INCLUDE STRATEGIES TO ASSIST WITH CHALLENGES ASSOCIATED WITH BRAIN INJURY

THE TIP SHEETS ARE GIVEN TO THE PARTICIPANT AND THE PROVIDER

WHAT IS NEEDED TO GET STARTED?

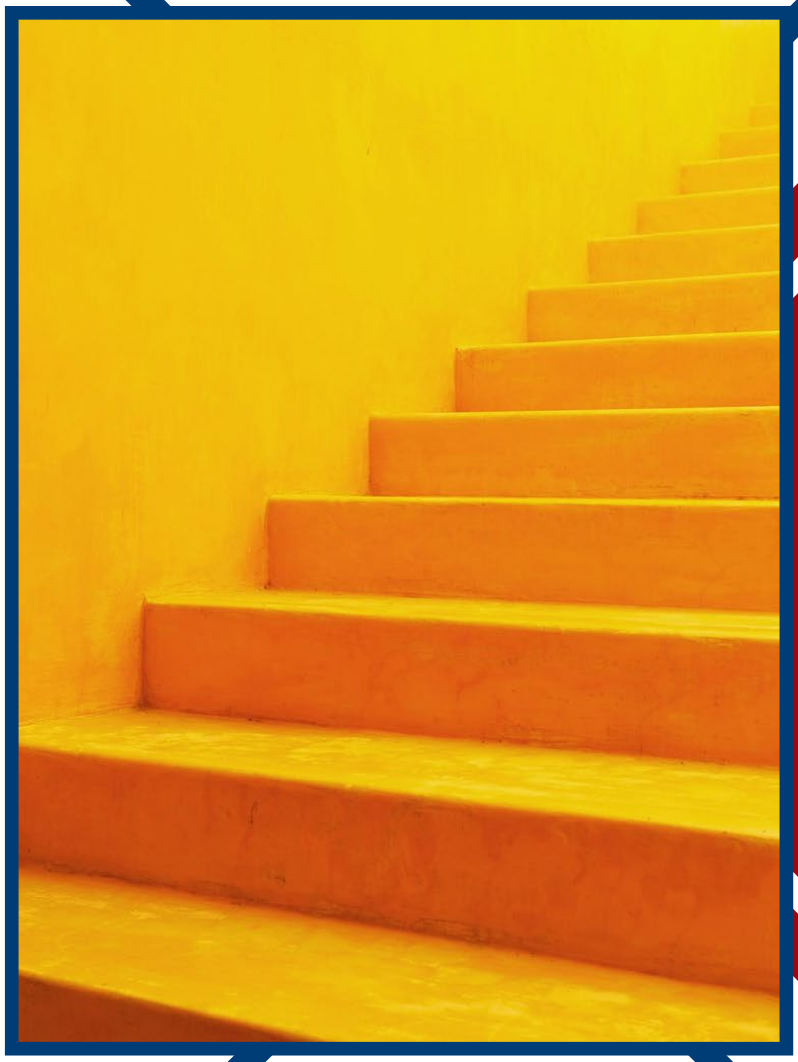
- **INTERNET ACCESS ON COMPUTER OR MOBILE DEVICE**
- **LINK OR QR CODE TO THE OBISSS**
- **LOGIN INFORMATION**
- **PROVIDER EMAIL ADDRESS**

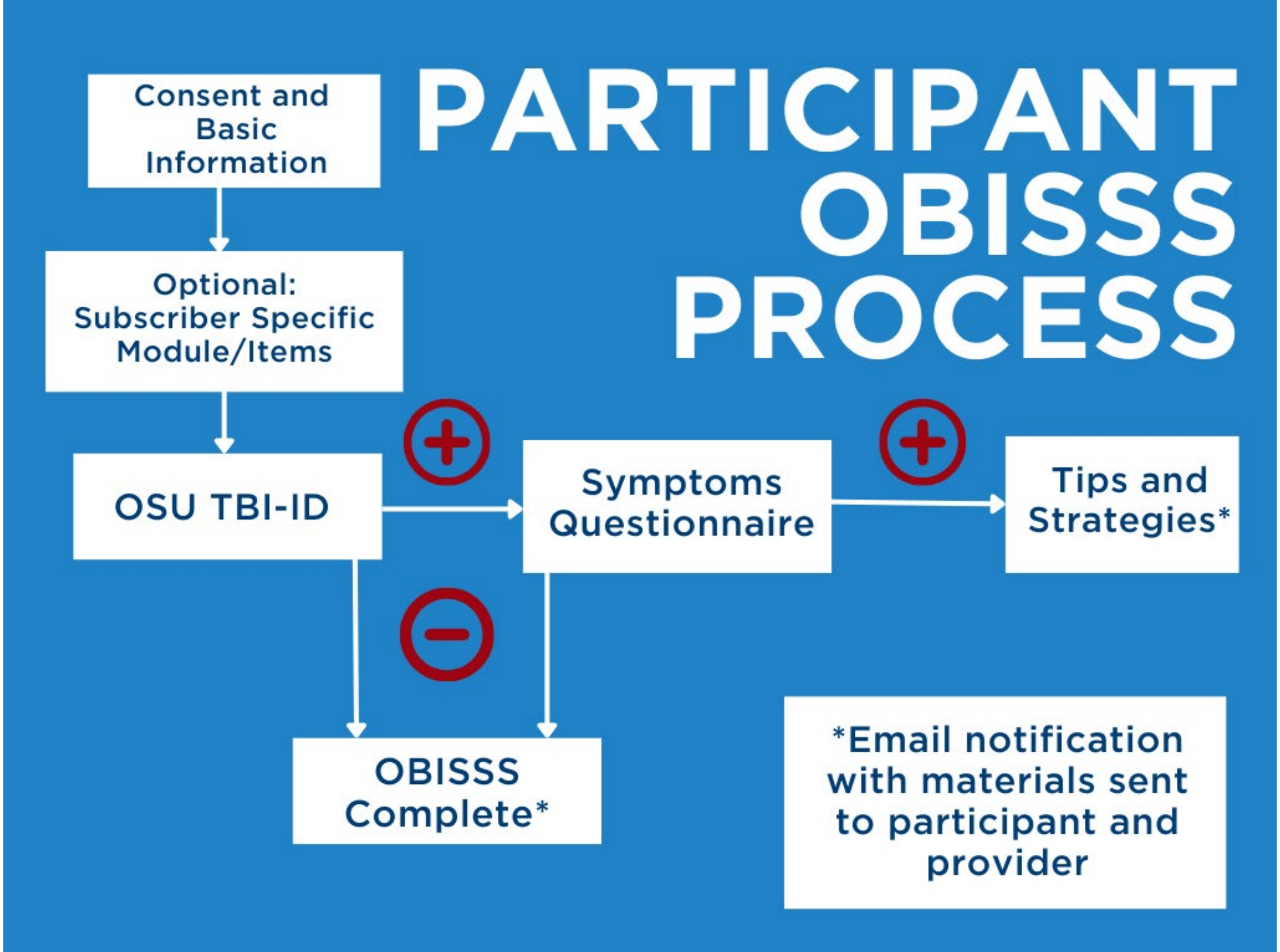
*A paper copy is available when access to a device or internet is unavailable.

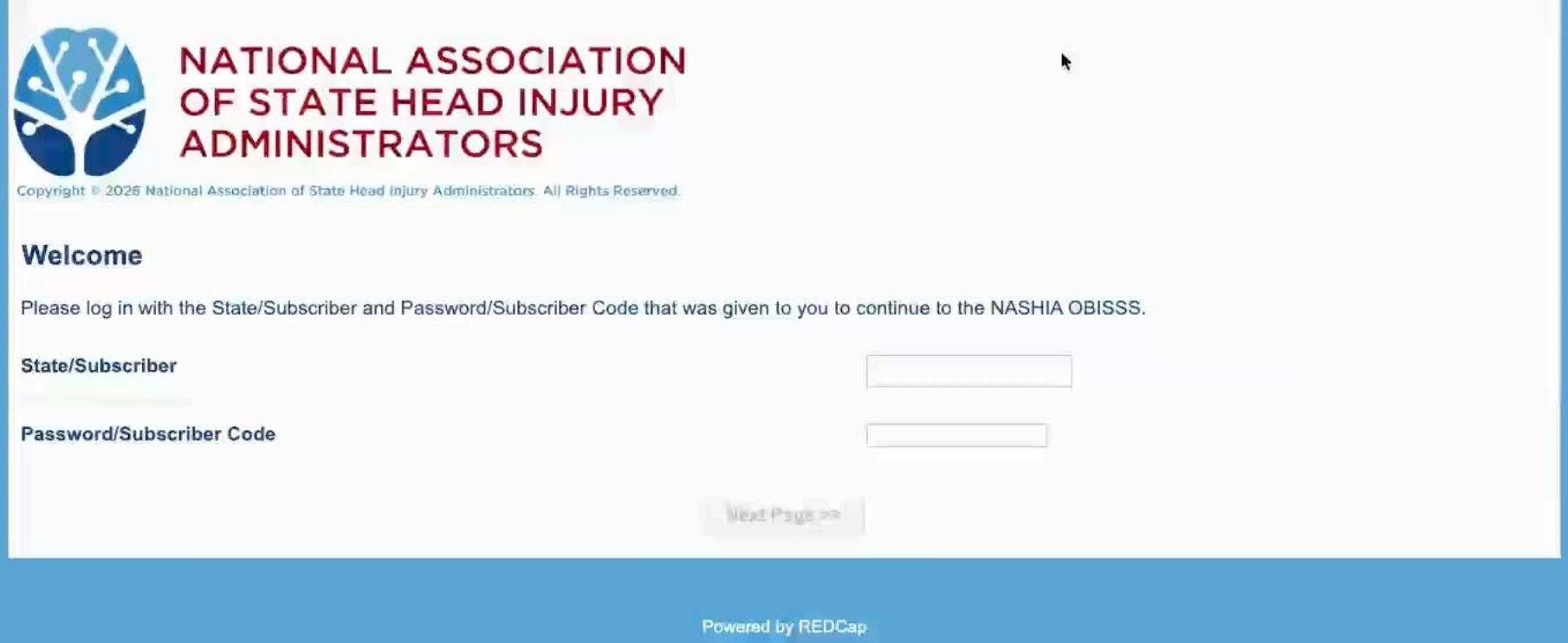
LEVELS OF ADMINISTRATION

- Participant-led: Individual takes the OBISSS independently.
- Provider-assisted: Provider is present for support and questions.
- Provider-led: Provider administers the screener to the participant.
- Choosing the appropriate level based on participant ability; Screen within first 2 -3 encounters.

STEPS TO THE OBISSS




PARTICIPANT OBISSS PROCESS
Consent and Basic Information
Optional: Subscriber Specific Module/Items
OSU TBI-ID
Symptoms Questionnaire
Tips and Strategies*
OBISSS Complete*
*Email notification with materials sent to participant and provider



Powered by REDCap

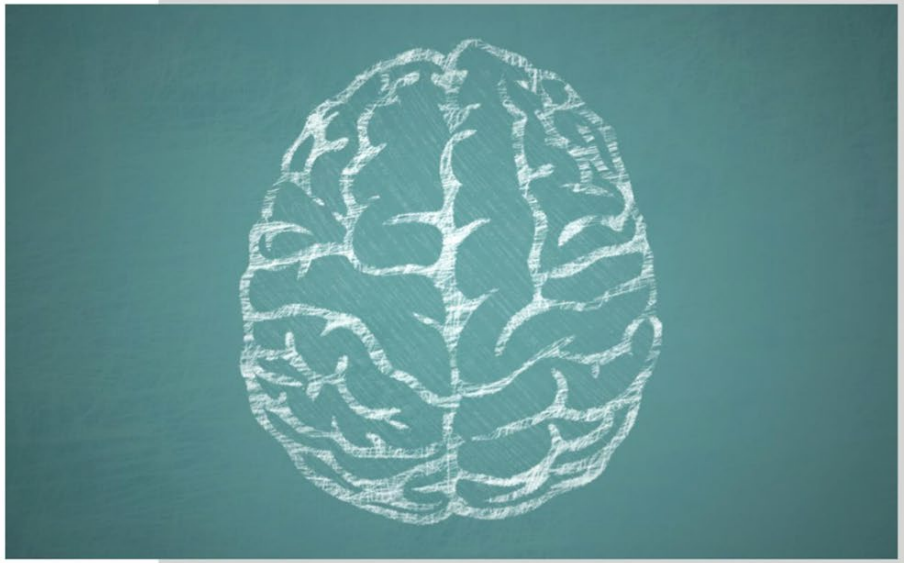
WHY USE THE OBISSS?

SAVES TIME THROUGHOUT ONE'S WORK WITH A PARTICIPANT

ELIMINATES FRUSTRATIONS FOR BOTH PROVIDER AND PARTICIPANT

IMPROVES COMMUNICATION AND SERVICES

Professional Guidebook:
Strategies for Managing Brain Injury Challenges in Adults



UNIVERSITY of DENVER

NATIONAL ASSOCIATION OF STATE HEAD INJURY ADMINISTRATORS

Adapted for use by the National Association of State Head Injury Administrators with permission by MINDSOURCE Brain Injury Network, 2022

1. Strategies for Memory Challenges/Ways to Remember Information
2. Strategies for Delayed Processing/Ways to Understand Information
3. Strategies for Challenges with Attention/Ways to Help with Attention
4. Strategies for Impulsivity/Ways to Think Before Acting
5. Strategies for Physical and Sensorimotor Challenges/Ways to Manage Physical and Sensory Changes
6. Strategies for Language Challenges/Ways to Understand and Use Language
7. Strategies for Organizational Challenges/Ways to Organize Time and Activities
8. Strategies for Mental Flexibility Challenges/Ways to Think and Respond
9. Strategies for Emotional Dysregulation/Ways to Manage Emotions

Checklist for Better Sleep

Strategies for Impulsivity/ Ways to Think Before Acting

Impulsivity is the conscious or unconscious inability to suppress or refrain from engaging in an action or thought. Impulsive behaviors are unplanned, may be risky or dangerous, and are often carried out without thinking about the consequences. Individuals with impulsivity challenges may appear inconsiderate, thoughtless, or sensation seeking. They may have difficulty following instructions when completing tasks, may interrupt others when speaking, or may dominate conversations in both individual and group settings. The use and repeated practice of the following suggestions can be helpful:

1. If the participant appears distracted or unfocused, you can use a grounding exercise to return their attention to the room. For example, ask the participant to describe the chair they are sitting in (or some other small object from the room) in great detail for 60 seconds. Have them tell you about the texture, shape, temperature, and physical features of the chair or object.[21]
2. Make paper available during meetings and encourage the participant to write down their comments and questions instead of blurting them out. Encourage them to use this practice to avoid talking out of turn. Repetition and reinforcement will build the skill and make it consistent over time.[22]
3. To minimize conversational disruptions in group settings, ask the participant to silently repeat question(s) to themselves before offering an answer.[23]
4. Breathing techniques can help to relax or de-escalate the participant when they are feeling out-of-control. A simple exercise that you can do with the participant is have them focus on their breathing for 60 seconds. Instruct the participant to breathe in through their nose, hold their breath for 6 seconds, and then breathe out through their mouth.[24]
5. When giving the participant any assignment, prompt them to create a checklist or write down step-by-step instructions to take home with them.[25]
6. You can use brief mindfulness exercises during your meetings to help the participant fight off urges that may be caused by stress. For example, use the "Five Senses Exercise" and have the participant do the following: find five things in the room that you can see; find four things in the room that you can feel; notice three things in the room that you can see; identify two things in the room that you can smell; focus on one thing in the room that you can taste.[26]
7. Poor sleep can contribute to impulsivity. You can review the attached sleep checklist with the participant to help promote better sleep habits.

Compiled by E. Halbert, K. Janicke, & T. Morgan March 11, 2019.

[21] Farrell, D., & Taylor, C. (2017). The teaching and learning of psychological trauma – A moral dilemma. *Psychology Teaching Review, 23*(1), 63-70.
[22] LaCount, P., Hartung, C., Shelton, C., & Stevens, A. (2018). Efficacy of an organizational skills intervention for college students with ADHD symptomatology and academic difficulties. *Journal of Attention Disorders, 22*(4), 356 – 367.
[23] Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.
[24] Hoffman, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America, 40*(4), 739-739.
[25] Colorado Department of Education. (2018). *Brain injury in children and youth: A manual for educators*. Denver, CO: Colorado Department of Education.
[26] Ackerman, C. (2019). 22 mindfulness exercises, techniques, & activities for adults. Retrieved from https://positivepsychologyprogram.com/mindfulness-exercises-techniques-activities#mindfulness-interventions-techniques-worksheets.

Ways to Think Before Acting

Impulsivity is when you find it hard to think before you act or say something. You might notice yourself cutting someone off before they finish talking or doing the first thing that comes to mind. You may also find it hard to control your emotions and show them in a way that others will understand. Even though these behaviors are not on purpose, it can be frustrating if you find yourself getting in trouble for your actions. Using and practicing the following suggestions can be helpful:

1. Stop → Think → Act! When you notice yourself acting on the first thing that pops into your mind, STOP and count to 3 while you think about the possible outcomes of what you are about to do before you do it.
2. Breathing techniques can help you relax when you are feeling out-of-control. A simple exercise that you can do is focus on your breathing for 60 seconds. Breathe in through your nose, hold your breath for 6 seconds, and then breathe out through your mouth.
3. Wait until others have finished talking before sharing your thought. If you find yourself disrupting conversations, try silently repeating the question(s) to yourself before offering an answer. This can help you avoid cutting others off when they are speaking.
4. If you find it hard to stay focused in any setting, physical or mental breaks can help. For example, try going for a short walk to take a break and refocus.
5. When working with others in a group setting, bring a notepad with you to write down your thoughts as they pop into your head. This can help avoid any interruptions that may have been caused by speaking out of turn.
6. Write down step-by-step instructions or create a checklist to help yourself complete tasks or instructions.
7. Poor sleep can contribute to impulsivity. You can review the attached checklist for better sleep to help promote better sleep habits.

Compiled by E. Halbert, K. Janicke, & T. Morgan March 11, 2019.

4 Ways to Think Before Acting

1. Stop → Think → Act! When you notice yourself acting on the first thing that pops into your mind, STOP and count to 3 while you think about the possible outcomes of what you are about to do before you do it.
2. ~~Breathing techniques can help you relax when you are feeling out of control. A simple exercise that you can do is focus on your breathing for 60 seconds. Breathe in through your nose, hold your breath~~ for 6 seconds, and then breathe out through your mouth.
3. Wait until others have finished talking before sharing your thought. If you find yourself disrupting conversations, try silently repeating the question(s) to yourself before offering an answer. This can help you avoid cutting others off when they are speaking.

SUPPORT FROM NASHIA

OBISSS OFFICE HOURS:

Attend our monthly office hours for OBISSS assistance. Subscribers, screening partners, and any other interested parties are welcome!

- *3rd Wednesday of the month from 2:30pm - 3:30pm ET*
- **Pre-registration is required.**

SCREENING PARTNER APP:

The Screening Partner/Provider is available for quick access to the OBISSS, to resources, and support.

Importance of Screening for Impairment (1 of 2)

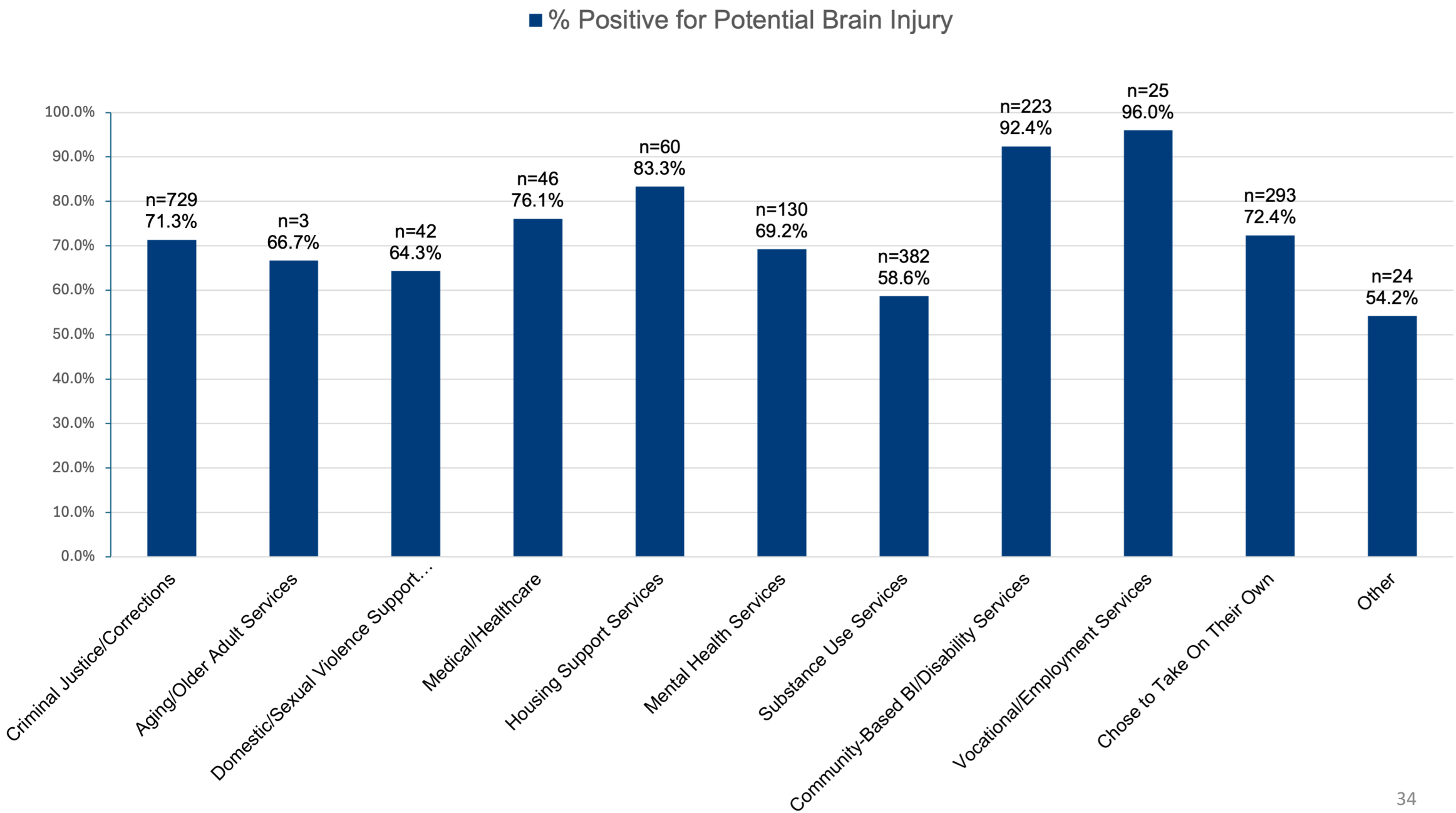
- Just screening for lifetime history does not provide you information about current impairment
- Understanding both the history of injury as well as current impairment allows for effective adjustments/accommodations to be implemented
- Identifying the current impairment will help increase the persons ability to advocate for themselves

Importance of Screening Impairment (2 of 2)

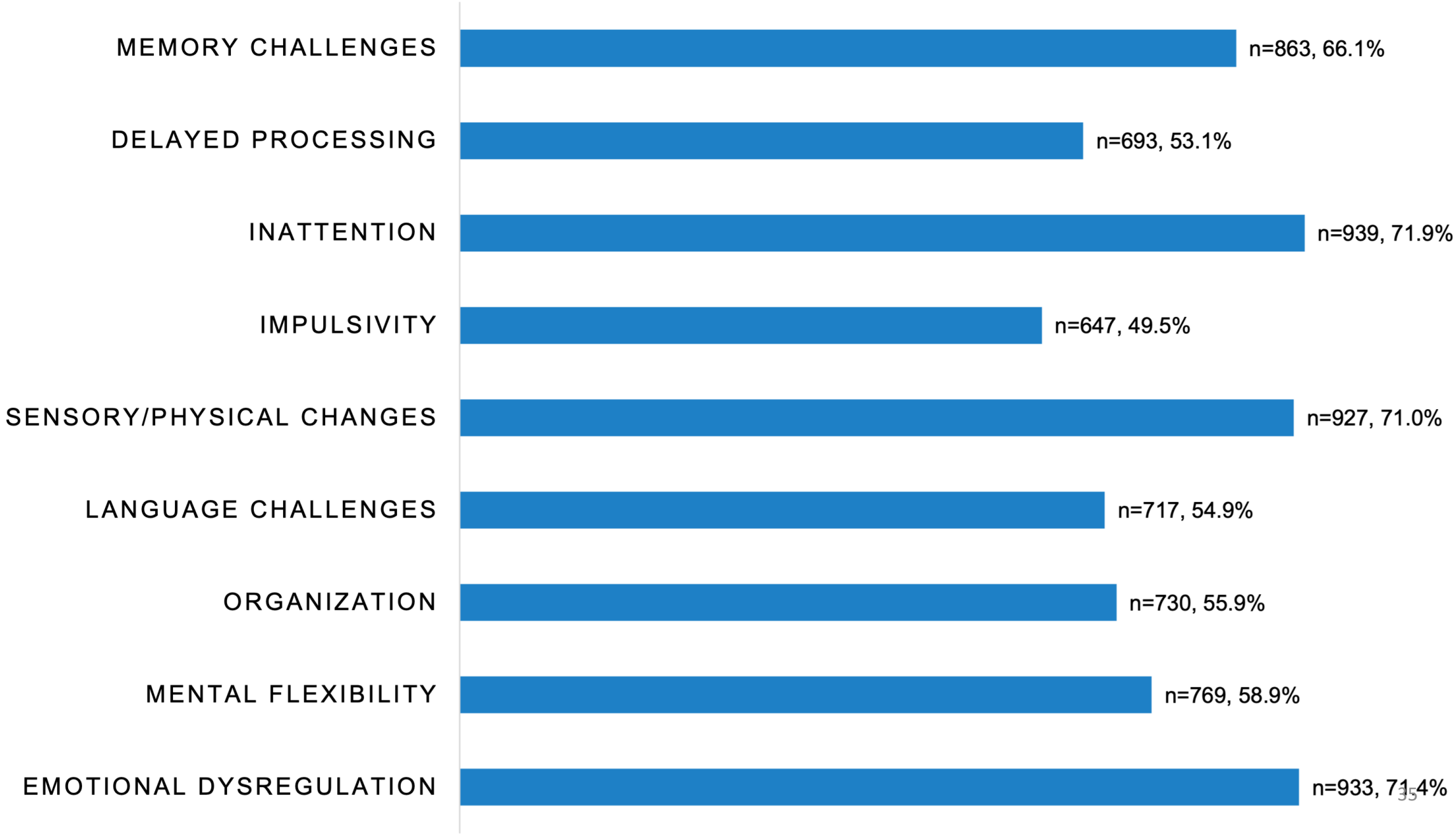
Tiered Approach:

1. Self-report
2. Neuropsychological Screen
3. Neuropsychological Evaluation

SCREENS BY SETTING: ALL SUBSCRIBERS



SYMPTOMS/CHALLENGES: ALL SUBSCRIBERS



HERE IS YOUR...

OBISSS LINK AND QR CODE

nashia.org/obisss

SUBSCRIBER NAME

North Carolina

PASSWORD

704

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

North Carolina
OBISSS Administrator:

Scott Pokorny

scott.pokorny
@dhhs.nc.gov

Questions and Discussion

Thank you!

If you have any questions,

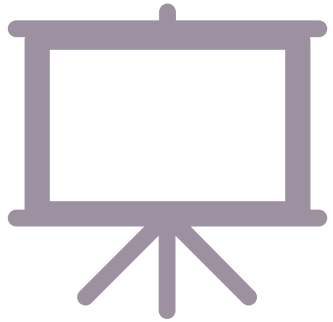
please contact me.

Haleigh Cushen

hcushen@nashia.org

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Mental Health,
Developmental Disabilities and
Substance Use Services

Questions and feedback are welcome at BHIDD.HelpCenter@dhhs.nc.gov.



The recording and presentation slides for this webinar will be posted to the DMH/DD/SUS Webinars webpage.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Mental Health,
Developmental Disabilities and
Substance Use Services

Stay Connected with DMHDDSUS

Join our Side by Side Webinars

Join our Mailing List