

Brain Injury Resource Facilitation: A Consensus of Best Practices

What is the Delphi Consensus Process?

In 2023, the National Association of State Head Injury Administrators (NASHIA) was awarded a grant from the Moody Endowment to develop consensus related to the practice of resource facilitation. Elements for consideration included the name, core components, principles and approaches, evaluation and measurement, and data collection.

To accomplish these objectives, NASHIA implemented a Delphi Consensus process with brain injury leaders across the country.

————— *The* —————
Moody Endowment



Steps of the Delphi Consensus Process

STEP 1: Identify, Select, and Invite an Expert Panel

NASHIA assembled a Steering Committee consisting of representatives with expertise in resource facilitation, evaluation measures, and common data elements. The Steering Committee assisted in all aspects of the Delphi process including the following:

1. Reviewing and developing the set of assumptions to be tested.
2. Assisting in identifying Delphi survey participants.
3. Reviewing and approving the surveys for each Delphi round.
4. Guiding the analysis of each survey round.

STEP 2: Identify a Set of Assumptions to Be Tested

The Steering Committee reviewed and debated the set of assumptions until they came to consensus on the final set of assumptions for inclusion in the round one survey.

STEP 3: Survey Delphi Participants

A total of 45 survey participants completed the survey each round of the Delphi survey process (it is important to note that one individual completed the majority of the survey each round but not the entire survey). Twenty-five of these individuals were providers, thirteen were researchers, and eight were individuals with lived experience or family members/caregivers.

After the first round survey results were analyzed, the Steering Committee established a consensus cut off rate of 80%. The majority of the assumptions reached an 80% or higher rate of consensus across survey participants. A second round survey was developed based on the items where consensus was not achieved. Consensus was reached on all assumptions after the second round survey.

Delphi Consensus Process

SUMMARY OF RESULTS

A universal name would be helpful for funding, research, program improvement, and policy. The consensus on the name that best describes this work is Brain Injury Resource Facilitation.

Fifty-one percent of respondents chose Brain Injury Resource Facilitation as their first choice, with 91% having Brain Injury Resource Facilitation in their top two choices and finally, 95% chose Brain Injury Resource Facilitation as one of their top three choices.

RESPONDENTS
FAVORING THE
NAME BIRF
43/45

There are 17 core components identified that should be included for a program to be considered a Brain Injury Resource Facilitation program.

Examples of core components include: connecting individuals to community resources, discovery of an individual's strengths and challenges, identification of needs, goal setting and planning, plan implementation, arrangement and coordination of supports, monitoring, and re-assessment (review needs on an ongoing basis).

AVG. RATE OF
CONSENSUS
90.25%

22 principles and approaches were identified as important when considering implementation of a Brain Injury Resource Facilitation program.

Examples include: facilitation is available to anyone with brain injury or their family and others supporting an individual, facilitation is available to anyone regardless of their abilities, facilitation considers the wants and needs of the individual with the brain injury to be the priority, facilitation adapts to the needs of individuals and the opportunities for meeting those needs, facilitation builds community partnerships, and facilitation outcomes are measured.

AVG. RATE OF
CONSENSUS
97%

While it is recognized that not every staff member of a Brain Injury Resource Facilitation program will possess all of the following knowledge, this knowledge should exist among the program collectively:

Causes, course, and consequences of brain injury; the community and its associated resources; diverse systems of intersectionality of brain injury; diversity and inclusion; and what it means to have lived experience as an individual with brain injury or to provide support as a family member/caregiver.

AVG. RATE OF
CONSENSUS
91.2%

This consensus process identified the importance of measuring the effectiveness of Brain Injury Resource Facilitation programs through 20 measurements and common data elements.

Examples include: a common definition of data categories, a common set of outcome measures, a database for common data and outcomes to be reported, and evaluation processes that examine the impact for individuals served, the program, and the community.

AVG. RATE OF
CONSENSUS
85.4%

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NASHIA would like to acknowledge and thank the Moody Endowment for funding the Brain Injury Resource Facilitation Consensus effort. NASHIA would also like to thank members of the Steering Committee for their guidance and dedication to this important effort.