

National Association of State Head Injury Administrators

Delphi Consensus

Resource Facilitation





Moody/NASHIA Delphi Consensus Project

NASHIA awarded a one-year grant from the Moody Foundation

Goal was to develop consensus on:

1. Name/Definition
2. Principles and approaches
3. Components
4. Outcome measures/common data elements

Work facilitated by Judy Dettmer & Jill Ferrington, with support from Rebecca Wolfkiel of NASHIA



Delphi Consensus Process

Delphi technique is designed as a group communication process which aims to achieve a convergence of opinion.

Delphi can be used to achieve the following objectives:

- * To explore or expose underlying assumptions
- * To seek out information which may generate consensus

Delphi Consensus Steps

Develop a set of Assumptions

- Literature
- Expert Input

Develop a Steering Committee to refine assumptions

Test assumptions with a broad group via survey until consensus is reached



Steering Committee Members (1 of 2)

- Gavin Attwood: CEO, United State Brain Injury Alliance
- John Corrigan: Professor, Department of Physical Medicine and Rehabilitation at Ohio State University & Director of the Ohio Brain Injury Program
- Maggie Ferguson: Disability & Injury Prevention Project Director, Public Health Division, IA Department of Health and Human Services
- Liz Gerdeman: Former Director, MINDSOURCE-Brain Injury Network, Colorado Department of Human Services
- Nicole Godaire: CEO, Brain Injury Association of MA



Steering Committee Members (2 of 2)

- Flora Hammond: Professor & Chair of Physical Medicine and Rehabilitation at Indiana University School of Medicine; Chief of Medical Affairs and Brain Injury Co-Medical Director at the Rehabilitation Hospital of IN
- Kate Kerkmans: CEO, Brain Injury Alliance of CO
- Peggy Reisher: CEO, Brain Injury Alliance of NE
- Lance Trexler: Rehabilitation Neuropsychologist, Clinical Assistant Professor, Department of Physical Medicine and Rehabilitation, Indiana University School of Medicine
- Steve Wade: Executive Director, Brain Injury Association of NH and Consulting Executive Director, Brain Injury Association of America-ME Chapter



Delphi Consensus Process/Criteria

45 Survey Participants

- 25 providers
- 8 with lived experience or family members/care givers
- 13 researchers

Steering
Committee set
consensus at 80%

Two rounds of
surveys were
required to
meet
consensus



Delphi Consensus

Summary of Results



Delphi Consensus Implications

- The Delphi Consensus results reflect an agreed upon set of best practices as it relates to resource facilitation
- **They are NOT a mandate**
- The findings could potentially be built into future policy or grant requirements should a funder choose to use them



Delphi Consensus Summary of Results

A universal name would be helpful for funding, research, program improvement, and policy.

The first choice for a name is = **Brain Injury Resource Facilitation**

95% chose Brain Injury Resource Facilitation as one of their top three choices.



Delphi Consensus Summary of Results

Core Components

On average the core components reached a consensus rate of = 90.25%

There are several core components that should be included for a program to be considered a Resource Facilitation for Brain Injury Program:

- Connecting individuals to community resources
- Discovery of an individual's strengths and challenges
- Identification of needs
- Goal setting planning
- Plan implementation
- Arrangement and coordination of supports



Delphi Consensus Summary of Results

Core components continued...

- Monitoring
- Re-assessment
- Outreach and awareness of brain injury
- Outreach and awareness of brain injury services
- Build capacity through brain injury education and training for organizations to teach about brain injury
- Brain injury education and training for individuals
- Brain injury education and training for families/caregivers
- Provide education about brain injury to policy makers
- Emotional Support
- Advocacy on behalf of individuals
- Advocacy for systems change



Delphi Consensus Summary of Results

Resource Facilitation Principles and Approaches

On average the core components reached a consensus rate of = 97%

1. Facilitation is available to anyone with brain injury or their family and others supporting an individual.
2. Facilitation is available to anyone regardless of their abilities.
3. Facilitation considers the wants and needs of the individual with the brain injury to be priority.
4. Facilitation adapts to the needs of the individual and the opportunities for meeting those needs.
5. Facilitation builds community partnerships.
6. Facilitation outcomes are measured.
7. Once connected, follow up activities lead to more proactive services.



Delphi Consensus Summary of Results

Resource Facilitation principles and approaches continued...

8. Support other providers/professionals in the community who serve individuals with brain injury through approaches such as training/education, capacity building, technical assistance, and consultation.
9. Individuals with brain injury have unique needs.
10. Resource facilitation programs require staff to have knowledge in the following areas:
 - a. causes, course, and consequences of brain injury
 - b. the community and its associated resources
 - c. diverse systems of intersectionality of brain injury
 - d. diversity and inclusion
 - e. what it means to have lived experience as an individual with brain injury or family member/caregiver



Delphi Consensus Summary of Results

Resource Facilitation Principles and Approaches continued...

11. Resource Facilitation should be provided to individuals with brain injury, family members, and caregivers with technical assistance and consultation for providers/agencies.
12. Resource Facilitation can be provided either virtually or in person.
 - The duration should be flexible.
 - Resource facilitation should help people live happy and healthy lives.
 - Resource facilitation can be accessed throughout a lifetime.



Delphi Consensus Survey of Results

Resource Facilitation Principles and Approaches continued...

13. Building capacity (strengthening awareness, understanding, knowledge, tools, and skills) should be an integral part of Resource Facilitation among:
- People with brain injury
 - Support systems
 - Community professionals and service providers



Delphi Consensus Summary of Results

Measurements/Outcomes:

On average the core components reached a consensus rate of = 85.4%

1. It is important to have a common definition of data categories used by all RF programs across the country.
2. It is important to have a set of common outcome measures implemented by all RFs across the US.
3. It is important to have a database for common data and outcomes to be reported for funding, research, program improvement, and policy.
4. Examining the impact for individuals served, the program, and the community is essential in the evaluation process.



Delphi Consensus Summary of Results

Measurements/Outcomes continued...

5. Evaluation approaches should be flexible to meet the program needs.
6. There may be unique program outcome measure consideration in addition to core outcome measures.
7. Individual's satisfaction with their services delivery should be measured.
8. Individual's improvement in quality of life should be measured.
9. Impact for individuals served, the program, and community is essential in the evaluation process.



Next Steps



Report/Dissemination



Toolkit



Policy

