Single-Multi County Analysis: Likert Questions

Each PIHP fell into one of three categories: 1) Single County PIHP; 2) Two to six Counties Served by one PIHP; or 3) Seven to fifteen Counties Served by one PIHP. The following tables document responses, from three categories of PIHPs, to the Likert questions wherein participants were asked to respond to each statement with their level of agreement. Respondents answered on a scale of 1 to 7 where 1 indicated "Strongly Disagree" and 7 indicated "Strongly Agree." The mean is the average result of all respondents on this scale of 1 to 7. The standard deviation indicates the degree of variation among the respondents.

Single County Served n=48		2-6 Counties Served n=62		7-15 Counties Served n=28	
I. Awareness:					
a. Our CMHSP/Region adequately educates consumers.					
Mean	4.00	Mean	4.42	Mean	3.89
Standard Deviation	1.459	Standard Deviation	1.262	Standard Deviation	1.227
b. The CMHSP/Region has an effective outreach policy.					
Mean	3.63	Mean	4.18	Mean	3.79
Standard Deviation	1.482	Standard Deviation	1.312	Standard Deviation	1.287
c. Clinicians are aware of the EBPs offered by the region.					
Mean	4.33		5.11	Mean	4.75
Standard Deviation	1.589	Standard Deviation	1.282	Standard Deviation	1.481
d. Administrators are aware of the EBPs offered by the region.					
Mean	4.90	Mean	5.55	Mean	5.14
Standard Deviation	1.704	Standard Deviation	1.183	Standard Deviation	1.113
e. It is difficult to find consumers to participate in EBPs.					
Mean	3.33	Mean	4.18	Mean	4.14
Standard Deviation	1.415	Standard Deviation	1.584	Standard Deviation	1.268

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II. Billing:					
a. Securing clinician/staff certification in orfer to bill for EBPs is a challenge.					
Mean	4.33	Mean	4.57	Mean	5.25
Standard Deviation	1.647	Standard Deviation	1.454	Standard Deviation	1.351
b. Initial billing issues (e.g. modifiers) related to new EBPs in our CMHSP/Region are resolved quickly.					
Mean	3.65	Mean	4.20	Mean	3.59
Standard Deviation	1.402	Standard Deviation	1.536	Standard Deviation	1.338
c. It is difficult for staff to keep up with the frequent changes to billing procedures related to EBPs.					
Mean	4.48		4.51	Mean	4.57
Standard Deviation	1.225	Standard Deviation	1.567	Standard Deviation	1.168

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III. Fidelity:					
a. The current fidelity guidelines for EBPs prevent us from adapting the EBPs to our regional needs.					
Mean	3.67	Mean	3.84	Mean	4.14
Standard Deviation	1.548	Standard Deviation	1.570	Standard Deviation	1.433
b. Despite the costs to our CMHSP/Region, external audits of EBPs are worthwhile.					
Mean	5.15	Mean	4.65	Mean	3.96
Standard Deviation	1.584	Standard Deviation	1.651	Standard Deviation	1.527
c. Fidelity guidelines restrict access to services to some consumers.					
Mean	3.87		3.81	Mean	4.46
Standard Deviation	1.837	Standard Deviation	1.648	Standard Deviation	1.401
d. It is difficult in our CMHSP/Region to monitor external provider/contract agencies for EBP fidelity.					
Mean	3.94	Mean	3.72	Mean	3.93
Standard Deviation	1.846	Standard Deviation	1.668	Standard Deviation	1.359

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IV. Training:					
a. The cost of EBP trainings is a worthwhile investment for building CMHSP/Regional capacity.					
Mean	5.60	Mean	5.24	Mean	4.93
Standard Deviation	1.380	Standard Deviation	1.422	Standard Deviation	1.274
b. Holding trainings outside of our CMHSP/Region is a significant barrier to sustaining EBPs.					
Mean	4.92	Mean	4.89	Mean	5.89
Standard Deviation	1.724	Standard Deviation	1.610	Standard Deviation	1.449
c. EBP trainings currently offered by the State provide trainees with practical hands-on skills.					
Mean	4.70		5.02	Mean	4.75
Standard Deviation	1.366	Standard Deviation	1.180	Standard Deviation	1.175
d. It's a good idea to train staff in more than one EBP.					
Mean	5.40	Mean	5.24	Mean	5.29
Standard Deviation	1.364	Standard Deviation	1.314	Standard Deviation	1.117
e. The staff time required to implement the Train-the-Trainer model is a worthwhile investment for the CMHSP/Region to make.					
Mean	5.50	Mean	4.92	Mean	4.71
Standard Deviation	1.557	Standard Deviation	1.633	Standard Deviation	1.182
f. Ongoing EBP trainings are offered frequently enough to meet the CMHSP/Region's needs.					
Mean	3.30	Mean	4.03	Mean	4.04
Standard Deviation	1.743	Standard Deviation	1.254	Standard Deviation	1.503
g. EBP trainings adequately address cultural and diversity factors.					
Mean	3.89	Mean	4.61	Mean	4.33
Standard Deviation	1.493	Standard Deviation	1.272	Standard Deviation	1.240

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V.	**Gathering Data and Measuring Outcomes:**				
a. Our CMHSP/Region uses outcome data to make decisions.					
Mean	4.26	Mean	4.55	Mean	4.11
Standard Deviation	1.750	Standard Deviation	1.375	Standard Deviation	1.474
b. It is difficult for our CMHSP/Region to document how EBPs benefit consumers.					
Mean	4.31	Mean	3.66	Mean	4.14
Standard Deviation	1.678	Standard Deviation	1.503	Standard Deviation	1.557
c. It would reduce duplication of reporting if EBP fidelity measures were incorporated into State audits as part of the QI process.					
Mean	4.52		4.58	Mean	4.46
Standard Deviation	1.978	Standard Deviation	1.929	Standard Deviation	1.774
d. Our current medical records system gives clinicians timely access to clinical information they need for work with consumers.					
Mean	5.08	Mean	4.98	Mean	5.32
Standard Deviation	1.541	Standard Deviation	1.860	Standard Deviation	1.467
e. A standardized statewide system of electronic medical records would enhance evaluation of EBP outcomes.					
Mean	4.61	Mean	4.06	Mean	4.00
Standard Deviation	1.983	Standard Deviation	2.172	Standard Deviation	1.981
f. The State needs to adopt standardized outcome measures for EBPs.					
Mean	5.39	Mean	5.48	Mean	5.14
Standard Deviation	1.732	Standard Deviation	1.411	Standard Deviation	1.325

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VI. CMHSP :					
a. The small number of clinical staff within our CMHSP/Region makes it difficult to implement multiple EBPs with fidelity.					
Mean	3.19	Mean	4.29	Mean	5.39
Standard Deviation	2.007	Standard Deviation	1.885	Standard Deviation	1.474
b. Not all EBPs recommended by the State fit the needs of our consumer population.					
Mean	4.34	Mean	4.85	Mean	5.54
Standard Deviation	2.014	Standard Deviation	1.658	Standard Deviation	1.598
c. Transportation issues for consumers and staff limit our ability to sustain EBPs.					
Mean	4.57		5.44	Mean	5.68
Standard Deviation	1.897	Standard Deviation	1.363	Standard Deviation	1.416
d. Localized trainings would improve the sustainability of EBPs in our CMHSP/Region.					
Mean	5.88	Mean	5.76	Mean	6.11
Standard Deviation	.937	Standard Deviation	1.066	Standard Deviation	1.031
e. The technology infrastructure to support training and supervision in our CMHSP/Region is adequate.					
Mean	4.19	Mean	4.61	Mean	4.29
Standard Deviation	1.884	Standard Deviation	1.497	Standard Deviation	1.782
f. Recruiting staff with the required State certification for specific EBPs is a challenge in our CMHSP/Region.					
Mean	4.81	Mean	5.21	Mean	5.61
Standard Deviation	1.663	Standard Deviation	1.332	Standard Deviation	1.474

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VII. Technology:					
a. Available conferencing technology in our CMHSP/Region is satisfactory.					
Mean	4.10	Mean	4.97	Mean	4.75
Standard Deviation	1.960	Standard Deviation	1.515	Standard Deviation	2.102
b. The State should invest in creating onsite training opportunities (e.g. DVDs) to support EBPs.					
Mean	5.79	Mean	5.81	Mean	5.79
Standard Deviation	1.271	Standard Deviation	1.252	Standard Deviation	1.500
c. The State should increase funding for networking and communication technology to improve sustainability of EBPs.					
Mean	5.54		5.65	Mean	5.71
Standard Deviation	1.320	Standard Deviation	1.269	Standard Deviation	1.272
d. Use of conferencing technologies to link CMHSP/Regions statewide would help sustain EBPs.					
Mean	5.63	Mean	5.58	Mean	5.82
Standard Deviation	1.299	Standard Deviation	1.287	Standard Deviation	.983