Statewide Aggregate Analysis: Likert Questions

The following tables document aggregate responses from participants across all PIHPs to 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.

I.   Awareness of EBPs:

a. Our CMHSP/Region adequately educates consumers.

n=138	
Mean	4.17
Standard Deviation	1.338

b. The CMHSP/Region has an effective outreach policy.

n=138	
Mean	3.91
Standard Deviation	1.382

c. Clinicians are aware of the EBPs offered by the region.

n=138	
Mean	4.77
Standard Deviation	1.466

d. Administrators are aware of the EBPs offered by the region.

n=138	
Mean	5.24
Standard Deviation	1.396

e. It is difficult to find consumers to participate in EBPs.

n=136	
Mean	3.88
Standard Deviation	1.511

II.   Billing:

a. Securing clinician/staff certification in order to bill for EBPs is a challenge.

n=135	
Mean	4.63
Standard Deviation	1.530

b. Initial billing issues (e.g. modifiers) related to new EBPs in our CMHSP/Region are resolved quickly.

n=134	
Mean	3.89
Standard Deviation	1.470

c. It is difficult for staff to keep up with the frequent changes to billing procedures related to EBPs.

n=135	
Mean	4.51
Standard Deviation	1.371

III.   Fidelity of EBPs:

a. The current fidelity guidelines for EBPs prevent us from adapting the EBPs to our regional needs.

n=138	
Mean	3.84
Standard Deviation	1.534

b. Despite the costs to our CMHSP/Region, external audits of EBPs are worthwhile.

n=138	
Mean	4.68
Standard Deviation	1.648

c. Fidelity guidelines restrict access to services to some consumers.

n=137	
Mean	3.96
Standard Deviation	1.678

d. It is difficult for our CMHSP/Region to monitor external provider contract agencies for EBP fidelity.

n=135	
Mean	3.84
Standard Deviation	1.667

IV. Training:

a. The cost of EBP trainings is a worthwhile investment for building CMHSP/Regional capacity.

n=138	
Mean	5.30
Standard Deviation	1.391

b. Holding trainings outside of our CMHSP/Region is a significant barrier to sustaining EBPs.

n=138	
Mean	5.10
Standard Deviation	1.658

c. EBP trainings currently offered by the State provide trainees with practical hands-on skills.

n=138	
Mean	4.85
Standard Deviation	1.246

d. It's a good idea to train staff in more than one EBP.

n=137	
Mean	5.30
Standard Deviation	1.288

e. The staff time required to implement the Train-the-Trainer model is a worthwhile investment for the CMHSP/Region to make.

n=138	
Mean	5.08
Standard Deviation	1.548

f. Ongoing EBP trainings are offered frequently enough to meet the CMHSP/Region's needs.

n=138	
Mean	3.78
Standard Deviation	1.518

g. EBP trainings adequately address cultural and diversity factors.

n=136	
Mean	4.31
Standard Deviation	1.374

V. Gathering Data and Measuring Outcomes of EBPs:

a. Our CMHSP/Region uses outcome data to make decisions.

n=137	
Mean	4.36
Standard Deviation	1.533

b. It is difficult for our CMHSP/Region to document how EBPs benefit consumers.

n=138	
Mean	3.99
Standard Deviation	1.594

c. It would reduce duplication of reporting if EBP fidelity measures were incorporated into State audits as part of the QI process.

n=138	
Mean	4.54
Standard Deviation	1.903

d. Our current medical records system gives clinicians timely access to clinical information they need for work with consumers.

n=138	
Mean	5.09
Standard Deviation	1.672

e. A standardized statewide system of electronic medical records would enhance evaluation of EBP outcomes.

n=136	
Mean	4.24
Standard Deviation	2.074

f. The State needs to adopt standardized outcome measures for EBPs.

n=136	
Mean	5.38
Standard Deviation	1.506

VI. CMHSP/Region or Location and EBPs:

a. The small number of clinical staff within our CMHSP/Region makes it difficult to implement multiple EBPs with fidelity.

n=137	
Mean	4.14
Standard Deviation	2.008

b. Not all EBPs recommended by the State fit the needs of our consumer population.

n=137	
Mean	4.82
Standard Deviation	1.816

c. Transportation issues for consumers and staff limit our ability to sustain EBPs.

n=137	
Mean	5.19
Standard Deviation	1.629

d. Localized trainings would improve the sustainability of EBPs in our CMHSP/Region.

n=137	
Mean	5.87
Standard Deviation	1.017

e. The technology infrastructure to support training and supervision in our CMHSP/Region is adequate.

n=137	
Mean	4.40
Standard Deviation	1.695

f. Recruiting staff with the required State certification for specific EBPs is a challenge in our CMHSP/Region.

n=137	
Mean	5.15
Standard Deviation	1.499

VII.   Technology and EBPs:

a. Available conferencing technology in our CMHSP/Region is satisfactory.

n=138	
Mean	4.62
Standard Deviation	1.833

b. The State should invest in creating onsite training opportunities (e.g. DVDs) to support EBPs.

n=138	
Mean	5.80
Standard Deviation	1.302

c. The State should increase funding for networking and communication technology to improve sustainability of EBPs.

n=138	
Mean	5.62
Standard Deviation	1.280

d. Use of conferencing technologies to link CMHSP/Regions statewide would help sustain EBPs.

n=138	
Mean	5.64
Standard Deviation	1.231