

Urban Versus Rural Analysis: Likert Questions

Each PIHP fell into one of two categories: Urban or Rural (see appendix for methodology of determining each PIHP's designation). The following tables document responses, from two 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.

| | Rural Response n=44 | Urban Response n=95 |
|---|--------------------------|--------------------------|
| I. Awareness of EBPs: | | |
| a. Our CMHSP/Region adequately educates consumers. | Mean 4.09 | Mean 4.20 |
| | Standard Deviation 1.395 | Standard Deviation 1.316 |
| b. The CMHSP/Region has an effective outreach policy. | Mean 3.98 | Mean 3.87 |
| | Standard Deviation 1.470 | Standard Deviation 1.346 |
| c. Clinicians are aware of the EBPs offered by the region. | Mean 4.82 | Mean 4.74 |
| | Standard Deviation 1.529 | Standard Deviation 1.444 |
| d. Administrators are aware of the EBPs offered by the region. | Mean 5.39 | Mean 5.17 |
| | Standard Deviation 1.166 | Standard Deviation 1.493 |
| e. It is difficult to find consumers to participate in EBPs. | Mean 4.16 | Mean 3.75 |
| | Standard Deviation 1.493 | Standard Deviation 1.509 |

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| II. Billing of EBPs: | | |
| a. Securing clinician/staff certification in order to bill for EBPs is a challenge. | Mean | 5.05 |
| | Standard Deviation | 1.346 |
| | Mean | 4.43 |
| | Standard Deviation | 1.579 |
| b. Initial billing issues (e.g. modifiers) related to new EBPs in our CMHSP/Region are resolved quickly. | Mean | 3.93 |
| | Standard Deviation | 1.486 |
| | Mean | 3.87 |
| | Standard Deviation | 1.470 |
| c. It is difficult for staff to keep up with the frequent changes to billing procedures related to EBPs. | Mean | 4.59 |
| | Standard Deviation | 1.352 |
| | Mean | 4.47 |
| | Standard Deviation | 1.385 |

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| III. Fidelity of EBPs: | | |
| a. The current fidelity guidelines for EBPs prevent us from adapting the EBPs to our regional needs. | Mean | 4.09 |
| | Standard Deviation | 1.537 |
| | Mean | 3.72 |
| | Standard Deviation | 1.527 |
| b. Despite the costs to our CMHSP/Region, external audits of EBPs are worthwhile. | Mean | 4.05 |
| | Standard Deviation | 1.524 |
| | Mean | 4.98 |
| | Standard Deviation | 1.626 |
| c. Fidelity guidelines restrict access to services to some consumers. | Mean | 4.05 |
| | Standard Deviation | 1.569 |
| | Mean | 3.92 |
| | Standard Deviation | 1.734 |
| d. It is difficult for our CMHSP/Region to monitor external provider contract agencies for EBP fidelity. | Mean | 3.64 |
| | Standard Deviation | 1.448 |
| | Mean | 3.92 |
| | Standard Deviation | 1.763 |

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|--|--|------------------------|------|--------------------|-------|--|------|------|--------------------|-------|
| IV. Training of EBPs: | | | | | | | | | | |
| a. The cost of EBP trainings is a worthwhile investment for building CMHSP/Regional capacity. | <table><tr><td>Mean</td><td>4.98</td></tr><tr><td>Standard Deviation</td><td>1.438</td></tr></table> | Mean | 4.98 | Standard Deviation | 1.438 | <table><tr><td>Mean</td><td>5.46</td></tr><tr><td>Standard Deviation</td><td>1.527</td></tr></table> | Mean | 5.46 | Standard Deviation | 1.527 |
| Mean | 4.98 | | | | | | | | | |
| Standard Deviation | 1.438 | | | | | | | | | |
| Mean | 5.46 | | | | | | | | | |
| Standard Deviation | 1.527 | | | | | | | | | |
| b. Holding trainings outside of our CMHSP/Region is a significant barrier to sustaining EBPs. | <table><tr><td>Mean</td><td>5.61</td></tr><tr><td>Standard Deviation</td><td>1.401</td></tr></table> | Mean | 5.61 | Standard Deviation | 1.401 | <table><tr><td>Mean</td><td>4.86</td></tr><tr><td>Standard Deviation</td><td>1.626</td></tr></table> | Mean | 4.86 | Standard Deviation | 1.626 |
| Mean | 5.61 | | | | | | | | | |
| Standard Deviation | 1.401 | | | | | | | | | |
| Mean | 4.86 | | | | | | | | | |
| Standard Deviation | 1.626 | | | | | | | | | |
| c. EBP trainings currently offered by the State provide trainees with practical hands-on skills. | <table><tr><td>Mean</td><td>4.93</td></tr><tr><td>Standard Deviation</td><td>1.149</td></tr></table> | Mean | 4.93 | Standard Deviation | 1.149 | <table><tr><td>Mean</td><td>4.82</td></tr><tr><td>Standard Deviation</td><td>1.734</td></tr></table> | Mean | 4.82 | Standard Deviation | 1.734 |
| Mean | 4.93 | | | | | | | | | |
| Standard Deviation | 1.149 | | | | | | | | | |
| Mean | 4.82 | | | | | | | | | |
| Standard Deviation | 1.734 | | | | | | | | | |
| d. It’s a good idea to train staff in more than one EBP. | <table><tr><td>Mean</td><td>5.14</td></tr><tr><td>Standard Deviation</td><td>1.374</td></tr></table> | Mean | 5.14 | Standard Deviation | 1.374 | <table><tr><td>Mean</td><td>5.38</td></tr><tr><td>Standard Deviation</td><td>1.734</td></tr></table> | Mean | 5.38 | Standard Deviation | 1.734 |
| Mean | 5.14 | | | | | | | | | |
| Standard Deviation | 1.374 | | | | | | | | | |
| Mean | 5.38 | | | | | | | | | |
| Standard Deviation | 1.734 | | | | | | | | | |
| e. The staff time required to implement the Train-the-Trainer model is a worthwhile investment for the CMHSP/Region to make. | <table><tr><td>Mean</td><td>4.84</td></tr><tr><td>Standard Deviation</td><td>1.346</td></tr></table> | Mean | 4.84 | Standard Deviation | 1.346 | <table><tr><td>Mean</td><td>5.19</td></tr><tr><td>Standard Deviation</td><td>1.734</td></tr></table> | Mean | 5.19 | Standard Deviation | 1.734 |
| Mean | 4.84 | | | | | | | | | |
| Standard Deviation | 1.346 | | | | | | | | | |
| Mean | 5.19 | | | | | | | | | |
| Standard Deviation | 1.734 | | | | | | | | | |
| f. Ongoing EBP trainings are offered frequently enough to meet the CMHSP/Region’s needs. | <table><tr><td>Mean</td><td>3.89</td></tr><tr><td>Standard Deviation</td><td>1.466</td></tr></table> | Mean | 3.89 | Standard Deviation | 1.466 | <table><tr><td>Mean</td><td>3.73</td></tr><tr><td>Standard Deviation</td><td>1.734</td></tr></table> | Mean | 3.73 | Standard Deviation | 1.734 |
| Mean | 3.89 | | | | | | | | | |
| Standard Deviation | 1.466 | | | | | | | | | |
| Mean | 3.73 | | | | | | | | | |
| Standard Deviation | 1.734 | | | | | | | | | |
| g. EBP trainings adequately address cultural and diversity factors. | <table><tr><td>Mean</td><td>4.37</td></tr><tr><td>Standard Deviation</td><td>1.254</td></tr></table> | Mean | 4.37 | Standard Deviation | 1.254 | <table><tr><td>Mean</td><td>4.28</td></tr><tr><td>Standard Deviation</td><td>1.734</td></tr></table> | Mean | 4.28 | Standard Deviation | 1.734 |
| Mean | 4.37 | | | | | | | | | |
| Standard Deviation | 1.254 | | | | | | | | | |
| Mean | 4.28 | | | | | | | | | |
| Standard Deviation | 1.734 | | | | | | | | | |

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| V. Gathering Data and Measuring Outcomes of EBPs: | | |
| a. Our CMHSP/Region uses outcome data to make decisions. | Mean4.23 | Mean4.42 |
| | Standard Deviation1.412 | Standard Deviation1.590 |
| b. It is difficult for our CMHSP/Region to document how EBPs benefit consumers. | Mean4.16 | Mean3.90 |
| | Standard Deviation1.613 | Standard Deviation1.587 |
| c. It would reduce duplication of reporting if EBP fidelity measures were incorporated into State audits as part of the QI process. | Mean4.75 | Mean4.44 |
| | Standard Deviation1.672 | Standard Deviation2.003 |
| d. Our current medical records system gives clinicians timely access to clinical information they need for work with consumers. | Mean5.25 | Mean5.01 |
| | Standard Deviation1.349 | Standard Deviation1.805 |
| e. A standardized statewide system of electronic medical records would enhance evaluation of EBP outcomes. | Mean4.57 | Mean4.08 |
| | Standard Deviation1.946 | Standard Deviation2.124 |
| f. The State needs to adopt standardized outcome measures for EBPs. | Mean5.39 | Mean5.38 |
| | Standard Deviation1.298 | Standard Deviation1.602 |

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|--|------------------------|------------------------|--------------------|-------|
| 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. | Mean | 5.07 | Mean | 3.70 |
| | Standard Deviation | 1.797 | Standard Deviation | 1.960 |
| b. Not all EBPs recommended by the State fit the needs of our consumer population. | Mean | 5.23 | Mean | 4.62 |
| | Standard Deviation | 1.669 | Standard Deviation | 1.859 |
| c. Transportation issues for consumers and staff limit our ability to sustain EBPs. | Mean | 5.61 | Mean | 4.99 |
| | Standard Deviation | 1.450 | Standard Deviation | 1.678 |
| d. Localized trainings would improve the sustainability of EBPs in our CMHSP/Region. | Mean | 5.89 | Mean | 5.86 |
| | Standard Deviation | 1.104 | Standard Deviation | 0.979 |
| e. The Technology infrastructure to support training and supervision in our CMHSP/Region is adequate. | Mean | 4.23 | Mean | 4.48 |
| | Standard Deviation | 1.655 | Standard Deviation | 1.717 |
| f. Recruiting staff with the required State certification for specific EBPs is a challenge in our CMHSP/Region. | Mean | 5.34 | Mean | 5.06 |
| | Standard Deviation | 1.539 | Standard Deviation | 1.480 |

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| VII. Technology and EBPs: | | |
| a. Available conferencing technology in our CMHSP/Region is satisfactory. | Mean | 4.80 |
| | Standard Deviation | 1.948 |
| b. The State should invest in creating onsite training opportunities (e.g. DVDs) to support EBPs. | Mean | 5.73 |
| | Standard Deviation | 1.387 |
| c. The State should increase funding for networking and communication technology to improve sustainability of EBPs. | Mean | 5.73 |
| | Standard Deviation | 1.149 |
| d. Use of conferencing technologies to link CMHSP/Regions statewide would help sustain EBPs. | Mean | 5.70 |
| | Standard Deviation | 1.025 |