

The following table documents responses from each individual PIHP 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.

PIHP: Southwest MI Urban & Rural Consortium (n=8) The following are responses to the Likert survey questions and were ranked on a scale of 1 to 7 (1 = Strongly Disagree and 7 = Strongly Agree)		Mean	Standard Deviation
1.	Awareness of EBPs:		
a.	Our CMHSP/Region adequately educates consumers.	4.13	0.835
b.	The CMHSP/Region has an effective outreach policy to create consumer awareness of EBPs.	3.50	1.069
c.	Clinicians are aware of the EBPs offered by the region.	4.88	0.835
d.	Administrators are aware of the EBPs offered by the region.	5.13	1.126
e.	It is difficult to find consumers to participate in EBPs.	4.13	1.356
2.	Billing of EBPs:		
a.	Securing clinician/staff certification in order to bill for EBPs is a challenge.	5.63	0.916
b.	Initial billing issues (e.g. modifiers) related to new EBPs in our CMHSP/Region are resolved quickly.	3.13	1.808
c.	It is difficult for staff to keep up with the frequent changes to billing procedures related to EBPs.	5.63	2.066
3.	Fidelity of EBPs:		
a.	The current fidelity guidelines for EBPs prevent us from adapting the EBPs to our regional needs.	3.13	3.13
b.	Despite the costs to our CMHSP/Region, external audits of EBPs are worthwhile.	4.50	2.268
c.	Fidelity guidelines restrict access to services for some consumers.	3.88	2.475
d.	It is difficult for our CMHSP/Region to monitor external provider/contract agencies for EBP fidelity.	3.38	1.685
4.	Training of EBPs:		
a.	The cost of EBP trainings is a worthwhile investment for building CMHSP/Regional capacity.	5.25	1.165
b.	Holding trainings outside of our CMHSP/Region is a significant barrier to sustaining EBPs.	4.75	2.053
c.	EBP trainings currently offered by the State provide trainees practical hands on skills.	5.88	1.126
d.	It's a good idea to train staff in more than one EBP.	6.00	1.195
e.	The staff time required to implement the Train-the-Trainer model is a worthwhile investment for the CMHSP/Region to make.	5.25	1.488
f.	Ongoing EBP trainings are offered frequently enough to meet the CMHSP/Region's needs.	4.63	1.188
g.	EBP trainings adequately address cultural and diversity factors.	5.13	1.727
5.	Gathering Data and Measuring Outcomes of EBPs:		

a.	Our CMHSP/Region uses outcome data to make decisions.	3.75	1.389
b.	It is difficult for our CMHSP/Region to document how EBPs benefit consumers.	3.00	1.069
c.	It would reduce duplication of reporting if EBP fidelity measures were integrated into State audits as part of the quality improvement process.	2.88	1.959
d.	Our current medical records system gives clinicians timely access to clinical information they need for work with consumers.	3.38	2.825
e.	A standardized statewide system of electronic medical records would enhance evaluation of EBP outcomes.	3.00	2.619
f.	The State needs to adopt standardized outcome measures for EBPs.	5.25	1.389
6.	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.	4.50	2.330
b.	Not all EBPs recommended by the State fit the needs of our consumer population.	5.63	1.302
c.	Transportation issues for consumers and staff limit our ability to sustain EBPs.	5.75	0.886
d.	Localized trainings would improve the sustainability of EBPs in our CMHSP/Region.	5.75	1.669
e.	The technology infrastructure to support training and supervision is adequate in our CMHSP/Region.	4.00	2.268
f.	Recruiting staff with the required State certification for specific EBPs is a challenge in our CMHSP/Region.	6.38	0.744
7.	Technology and EBPs:		
a.	Available conferencing technology (e.g. teleconferencing and videoconferencing) in our CMHSP/Region is satisfactory.	4.75	1.832
b.	The State should invest in creating onsite training opportunities (e.g. DVDs) to support EBPs.	6.00	1.414
c.	The State should increase funding for networking and communication technology to improve sustainability of EBPs.	6.38	1.408
d.	Use of conferencing technologies to link CMHSP/Regions statewide would help sustain EBPs.	6.38	0.916